



February 25, 2022

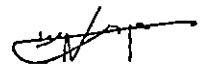
Warden Davis,

My name is Oren Nimni. I write to you in my capacity as an attorney for Rights Behind Bars, a non-profit legal organization that advocates on behalf of people in jails, prisons and immigration detention centers across the country, including in Virginia. It has come to our attention that there is an individual in your custody at Wallens Ridge, Jacob Shouse No. 1101441, with severe medical and mental health needs that are currently unmet. Mr. Shouse has several physical and mental health diagnoses that qualify him as a disabled individual under the Americans with Disabilities Act (ADA). These include, but are not limited to, mental health diagnosis provided by the VADOC, legal blindness as the result of a detached retina, and the necessity to use a colostomy bag. Mr. Shouse's severe mental health issues have led to repeated instances of self-harm that have endangered Mr. Shouse's life and caused medical expense to the VADOC. As you are aware facilities have the obligation under the ADA to provide disabled inmates with reasonable accommodations to ensure that their health and safety is not at risk as a result of their disabilities. In Mr. Shouse's case, this standard is not being met and his condition continues to deteriorate. The lack of available mental healthcare services at Wallens Ridge combined with Mr. Shouse's prolonged confinement in restrictive housing units has only exacerbated his conditions. He has additionally been the subject of ongoing violence and threats from other inmates. As you are aware, Mr. Shouse is at particular risk of harm from other inmates because of his disabilities and a failure to protect Mr. Shouse would be deemed a failure to

**IRBB**

accommodate his disabilities under current law. For these reasons, it is our request and strong recommendation that you facilitate the transfer of Mr. Shouse to another facility that can accommodate his needs as required under law. Previously, Mr. Shouse was able to have many of his needs accommodated at the VADOC's Greenville facility and we would recommend that he be transferred back to that facility. Nothing in Mr. Shouse's record prevents such a transfer. In fact, a transfer to a facility that can accommodate his needs is required by the ADA. Because Mr. Shouse's health and safety would be better served by a transfer and because it is in the legal and financial interest of VADOC to initiate a transfer we request that a transfer be initiated immediately. Failure to transfer Mr. Shouse could result in legal liability and additional complications. As you evaluate Mr. Shouse's transfer request, we ask that you place him in the SAM unit pending your decision. Assignment to the SAM unit is the minimum required for Mr. Shouse's physical and mental health and is necessary during the pendency of your decision-making on his transfer. Please respond to this correspondence in no less than 14 days. If you wish, I am available to discuss this matter at greater length. My telephone number is (202) 540-0029.

Sincerely,



Oren Nimni Esq.

CC:

Dr. Denise Malone; Director of Mental Health Services

Eric Madsen; Psychology Associate Senior Central Classification Services

VIRGINIA  
DEPARTMENT OF CORRECTIONS

Health Services Consultation Report 720\_F23\_7-12

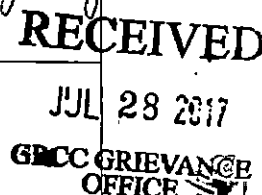
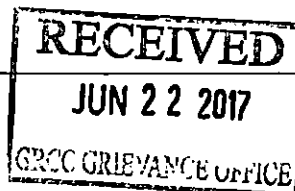
## Health Services Consultation Report

PLEASE BILL TO ANTHEM

Sending Facility:	GREENSVILLE CORRECTIONAL CENTER		Date:	6/16/2017
Offender Name:	SHOUSE, JACOB		Offender #:	1101441
SS#:	225-53-8502	DOB:	11/25/82	T/D:
Allergies:				
Current Medications:	SEE MARS			
Referred By:	DR. VINCENT GORE	Referred To:	VCU OPHTHALMOLOGY CLINIC	
Medical Complaint:	F/U			

CONSULTING PHYSICIAN: PLEASE COMPLETE THE FOLLOWING:

Findings:	<del>legally blind right eye</del> <del>poor surgical prognosis</del>	
Lab or X-ray Results:		
Diagnosis:	<del>Optic Atrophy Right eye</del> <del>Retinal Detachment Right eye</del> <del>Glaucoma Right eye, poor prognosis</del>	
Treatment and Medications Recommended:	prednisone acetate TID as needed for irritation right eye	
Restrictions:	⊙	
Consulting Physician:		Date: 6/16/17
Follow-up appointment date and time:	1 year Bar	



*Tanya Sanchez*

RECEIVED  
JUL 28 2017  
OFFICE OF THE  
GOVERNOR

RECEIVED  
JUN 25 2017  
OFFICE OF THE  
GOVERNOR

EXHIBIT 2(b)

P.3

N SHOUSE, JACOB 1354527 06/16/2017 BRAR MD (OPH), VIKRAM VIS#: 706 170465101		VCUHS DOB: 11/25/1982 M W 34Y HOPT OPTO		VCU Health Ophthalmology MCV Hospitals and Physicians Richmond, Virginia 23298  <b>Ophthalmology Complete Exam</b>	
Date: 6/16/17 Age 34 DOB verified 34		New Visit <input type="checkbox"/> Annual Visit <input type="checkbox"/> Return Visit <input type="checkbox"/> Non-routine Visit <input type="checkbox"/>			
Reason for Visit: 6 month follow up traumatic hyphema w/ choroidal hem OD painful OD ↓ vision OS burning. Patient would like letter w/ dx + blindness					
Pain scale 1 2 3 4 5 6 7 8 9 10 Pain Severity: Mild Moderate Severe Very severe Intolerable OD burning					
Quality Location Duration Is pain acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Allergies <input type="checkbox"/> NKDA <input type="checkbox"/> Systemic allergies in Cerner <input type="checkbox"/> Eye med allergies listed: See list in Cerner					
<input type="checkbox"/> Systemic medications updated Eye meds: <input type="checkbox"/> None <input type="checkbox"/> List:					
Yr of glauc dx Type Yr of Diab dx Type A1C BS					
Last HVF Last OCT Last DFE 10/16 Last Gonio					
Laser Sx: <input type="checkbox"/> ALT <input type="checkbox"/> CPC <input type="checkbox"/> FML <input type="checkbox"/> PI <input type="checkbox"/> PRP <input type="checkbox"/> SLT <input type="checkbox"/> YAG					
Ocular Sx: <input type="checkbox"/> Cat <input type="checkbox"/> Cornea <input type="checkbox"/> Glauc <input type="checkbox"/> Plastics <input type="checkbox"/> Retina <input type="checkbox"/> Strab					
*Ocular Motility Primary Gaze <input type="checkbox"/> Ortho <input type="checkbox"/> phoria <input type="checkbox"/> ET <input type="checkbox"/> XT <input type="checkbox"/> HT EOMs <input type="checkbox"/> Full <input type="checkbox"/> Restricted Stereo: <input type="checkbox"/> Fly/Butterfly <input type="checkbox"/> animals <input type="checkbox"/> circles <input type="checkbox"/> Sec Arc					
*Visual acuity <input type="checkbox"/> sc <input type="checkbox"/> cc (Glasses/SCL/RGP/Aphakia) Dist OD 20/60 ph 20/60 Near VA 20/60 <input type="checkbox"/> sc <input type="checkbox"/> cc (Glasses/SCL/RGP/Aphakia) Dist OS 20/60 ph 20/60 Near VA 20/60					
PC OD Dist VA ADD Near VA OS Dist VA ADD Near VA					
M OD Dist VA ADD Near VA OS Dist VA ADD Near VA					
*Confrontational Visual Fields <input type="checkbox"/> Full OU T N T <input type="checkbox"/> Amsler Color Plates OD OS Left Right normal OU					
*Pupils OD 6 mm → mm Shape Fixed <input type="checkbox"/> NO APD OS 5 mm → 4 mm Shape P <input type="checkbox"/> Right APD <input type="checkbox"/> Left APD					
*IOP T-max T-goal OD 09 mmHg <input type="checkbox"/> Appl <input type="checkbox"/> Tonopen <input type="checkbox"/> iCare OS 19 mmHg <input type="checkbox"/> Appl <input type="checkbox"/> Tonopen <input type="checkbox"/> iCare @ 9:17 am/pm Pachymetry OD OS Date					
Meds Given for IOP: <input type="checkbox"/> 1 gtt Tetracaine <input type="checkbox"/> 1 gtt Fluress <input type="checkbox"/> OD <input type="checkbox"/> OS <input type="checkbox"/> OU @ 9:17					
Meds Given for DFE: <input type="checkbox"/> 1 gtt 1% Phenylephrine /0.2% Cyclopentolate x 3 <input type="checkbox"/> 1 gtt 1% Tropicamide <input type="checkbox"/> 1 gtt 1% Cyclopentolate <input type="checkbox"/> 1 gtt 2.5 % Phenylephrine <input type="checkbox"/> 1 gtt 1% Tropicamide and 1 gtt 2.5% Phenylephrine <input type="checkbox"/> OD <input type="checkbox"/> OS <input type="checkbox"/> OU @ 9:21					
Tech Signature: J, COA <input type="checkbox"/> MD only Date: 6/16/17 Time: 8:55					
Attending Signature: [Signature] Date: Time:					

 Resident Key Findings:  
 \*Oriented: ☒ Person ☐ Place ☐ Time

Chief Complaint/HPI:

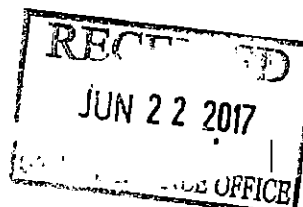
Reviewed PMH, PH, SH, ROS dated:

Dated: Today

☐ No changes Initials: J.C.

Changes:

 ADD  
 Anxiety  
 Depression

 Attending Physician Key  
 Findings:

 RECEIVED  
 JUL 28 2017

VIRGINIA  
DEPARTMENT OF CORRECTIONS

RECEIVED GRIEVANCE DEPT.

Written Complaint 866\_F3\_10-20

SEP 27 2021

## Written Complaint

WALLENS RIDGE STATE PRISON

## Instructions for filing:

- You should first use the verbal complaint process and discuss your issue with staff before submitting this *Written Complaint*.
- You must explain your issue in the space provided below, preferably in ink.
- You must fill your *Written Complaint* form out completely and correctly
- Your *Written Complaint* must be received within 15 days of the original incident or discovery of the incident.
- You are limited to only one issue per *Written Complaint*.
- You may file a *Regular Grievance* if you do not receive a response within 15 days.
- You are not required to submit a *Written Complaint* for alleged incidents of sexual abuse and sexual harassment or when the informal complaint process is satisfied by other documentation.

Shouse, J.

Offender Name

1101441

Offender Number

C-510

Housing Assignment

555 WRSP-21-INF-00868

Individuals Involved in Incident

Date/ Time of Incident

TO: ADA Coordinator / DON

(You must address your issue to institutional staff or an institutional department)

In the space provided explain your issue (be specific):

STILL BEING DENIED ADA ACCOMMODATIONS - i.e. 15" TV, watch, special glasses, tint on window, etc. per OP 801.3

As a result my visual impairment is exacerbating, this is a denial of adequate medical care

Offender Signature:

Date: 9-26-21

Offenders - Do Not Write Below This Line

Date Received: 09-27-2021

Response Due: 10-12-2021

Log Number: WRSP-21-INF-01930

Assigned to: Operations Mgr. Caughron

## Action Taken/Response:

At this time, no reasonable accommodation requests have been submitted to this office by the Institutional Physician or yourself. I spoke with Mrs. Townsend, the Health Authority, she stated you are being scheduled to see the optometrist. We will see what accommodations, if any, need to be made after that.

S. Caughron

Respondent Signature

S. Caughron - Operations Mgr.

Printed Name and Title

9/28/2021

Date

## Withdrawal of Complaint:

I wish to voluntarily withdraw this complaint. I understand that by withdrawing this written complaint, there will be no further action on this issue nor will I receive a response to this complaint. I understand that I may resubmit this same issue once and only once on a new *Written Complaint* as long as the original 30-day time limit has not expired.

Offender Signature:

Staff Witness:

WALLENS RIDGE STATE PRISON

Date:





VIRGINIA

DEPARTMENT OF CORRECTIONS

RECEIVED COMPLAINT 866 F3 10-20  
GRIEVANCE DEPT.

## Written Complaint

MAY 03 2021

## Instructions for filing:

- You should first use the verbal complaint process and discuss your issue with staff before submitting this *Written Complaint*.
- You must explain your issue in the space provided below, preferably in ink.
- You must fill your *Written Complaint* form out completely and correctly.
- Your *Written Complaint* must be received within 15 days of the original incident or discovery of the incident.
- You are limited to only one issue per *Written Complaint*.
- You may file a *Regular Grievance* if you do not receive a response within 15 days.
- You are not required to submit a *Written Complaint* for alleged incidents of sexual abuse and sexual harassment or when the informal complaint process is satisfied by other documentation.

WALLENS RIDGE STATE PRISON

Jacob Shouse  
Offender Name1101441  
Offender NumberC-510  
Housing Assignment

Individuals Involved in Incident

Date/ Time of Incident

TO: WARDEN

(You must address your issue to institutional staff or an institutional department)

In the space provided explain your issue (be specific): State/Federal law violations, i.e.,

Being denied ADA reasonable accommodations per OP 801.3, as a result my disabilities are being exacerbated. I have 3 disabilities qualified/recognized by 42 USC § 12101 et seq + COV § 51.5-1 et seq / ADA (1) DSM-5 diagnosis 301.7 + 309.81 Antisocial/Borderline PD; (2) Digestive chronic condition & metal foreign bodies in GI tract; (3) Legally Blind / Visually Impaired / Monocular Vision. I have requested via ZDL-F7 (request for reasonable accommodations twice (1/23/20, denied 12/9/20 by ADA coord. @ MCTC and on 4/7/21 with ADA coord. @ WRSP LHM services) call to NO AVAIL. This is discrimination as other inmates w/ similar disabilities as mine are receiving some requested accommodations. This is the routine practice of reprisal towards me by WRSP due to my past history + mental illness + direct hatred by staff.

Offender Signature: *[Signature]*

Date: 5-3-21

Offenders - Do Not Write Below This Line

Date Received: 5-4-21

Response Due: 5-19-21

Log Number: WRSP-21-INF-00868

Assigned to: ADA Coordinator F. Santos

## Action Taken/Response:

AFTER REVIEWING YOUR CHART  
ACCOMMODATIONS WILL BE PLACED.

RECEIVED

AUG 12 2021

Sussex I State Prison  
Grievance OfficeRespondent Signature: *[Signature]*

Printed Name and Title: F. Santos

## Withdrawal of Complaint:

I wish to voluntarily withdraw this complaint. I understand that by withdrawing this written complaint, there will be no further action on this issue nor will I receive a response to this complaint. I understand that I may resubmit this same issue once and only once on a new *Written Complaint* as long as the original 30-day time limit has not expired.

Offender Signature:

Date:

Staff Witness:

WALLENS RIDGE STATE PRISON

Date:



VIRGINIA

DEPARTMENT OF CORRECTIONS

Regular Grievance 866\_FI\_10-20

## Regular Grievance

Log Number: \_\_\_\_\_

## Instructions for Filing:

- You must first attempt to resolve your issue through the informal complaint process prior to filing a *Regular Grievance*.
- You must attach the *Written Complaint* or other documentation used to satisfy the informal complaint process.
- Your grievance must be received within 30 days from the original incident or discovery of the incident, unless a more restrictive time limit applies.
- You must fill your *Regular Grievance* out completely and correctly
- You must explain your issue and how you were personally affected in the space provided, preferably in ink.
- You must avoid the reasons for rejection at intake; if your grievance is rejected you have 5 days to appeal the rejection.
- When multiple issues are submitted on the same grievance, you will only receive a response to the exact same issue addressed through the informal complaint process. All other issues will be forwarded to appropriate staff for investigation and resolution.

Shawse Jacob

Offender Name (Last Name, First)

1701441

Offender Number

2155

Housing Assignment

Individuals Involved in Incident:

Date/ Time of Incident

## Results of the Informal Complaint Process (Select one of the below)

- ☐ Written Complaint on this issue attached
- ☐ Other documentation used to satisfy the informal complaint process is attached
- ☐ Informal complaint process is not required for this issue

Explain Your Issue: (Provide a detailed explanation of the issue, your attempts to resolve the issue and how you were personally affected.)

Just received property items (with attached Informal dated 5/12/21) today 8/10/21. I was hospitalized the weekend of 5-14-21 til 6-29-21. Property was held at WSP so I was unable to file grievance on this issue til now.

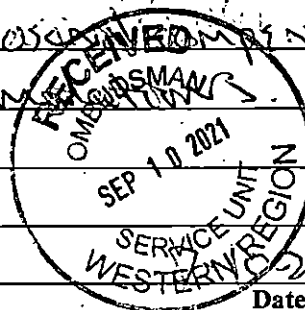
Have to no avail received any of my requested ADA accommodations guaranteed/offered me per OP 2013 and state and federal ADAs, despite being legally blind/manic with no depth perception, etc. See MCV/Ken ophthalmology clinic report by specialist Dr. Bar dated 6-16-17. Informal process was said to confirm my ADA recognized disabilities and stated by ADA coordinator that all accommodations for visually impaired will be placed.

I am being denied ADA acknowledgment and accommodations.

Suggested Remedy: (Identify in the space provided below, the action you want taken)

Address full accommodations, reasonable monetary damages for suffering lack/denial of accommodations.

Offender Signature



Date

RECEIVED

AUG 12 2021

Sussex State Prison  
Grievance Office





VIRGINIA  
DEPARTMENT OF CORRECTIONS

Regular Grievance 866\_FI\_10-20

Intake Decision: (Grievances must be accepted and logged)

IS unless returned for the following reason(s))

<input type="checkbox"/>	<b>Non-Grievable:</b>
<input type="checkbox"/>	Disciplinary hearing decisions, penalties and/or procedural errors
<input type="checkbox"/>	Regular Grievance Intake Decisions
<input type="checkbox"/>	Limitation Decisions
<input type="checkbox"/>	State and Federal laws, regulations, and court decisions
<input type="checkbox"/>	Policies, procedures, and decisions of other agencies
<input type="checkbox"/>	Issues yet to occur
<input type="checkbox"/>	Beyond the control of the Department of Corrections
<input type="checkbox"/>	<b>Personally Affected:</b> You must identify how the issue caused personal harm or loss to you, personally.
<input type="checkbox"/>	<b>Limited:</b> You have been limited by the Facility Unit Head, and this grievance is in excess of your limit.
<input type="checkbox"/>	<b>Expired Filing Period:</b> You must submit your grievance within 30 of the original incident or discovery of the incident unless the reason for delay was beyond your control, you have not been provided formal orientation, or a more restrictive time limit has been established to prevent loss of remedy or the issue becoming moot.
<input type="checkbox"/>	<b>Repetitive:</b> You submitted this issue previously on <i>Regular Grievance #</i>
<input type="checkbox"/>	<b>Group Complaints or Petitions:</b> You must submit a grievance on your own behalf; you cannot file a grievance with a group.
<input type="checkbox"/>	<b>Photocopy/Carbon Copy:</b> You did not submit the original grievance documents.
<input type="checkbox"/>	<b>Informal Complaint Process:</b> Your issue submitted on this grievance is not the same issue addressed in your <i>Written Complaint</i> or supporting documentation, or you failed to use the informal complaint process. You must first submit a <i>Written Complaint</i> on this issue.
<input type="checkbox"/>	<b>Insufficient Information:</b> (Not to include Medical, Sexual Abuse, and Sexual Assault). You must provide the following information within 5 days before the grievance can be processed: _____
<input checked="" type="checkbox"/>	<b>Request for Services:</b> <i>ADA Accommodations per procedure</i>

*Will be provided upon return to WREAR* RECEIVED-GRIEVANCE DEPT.  
Institutional Ombudsman Signature *B. J. Ranges* Date *AUG 20 2021*

## Appeal of Intake Decision

(If you disagree with the intake decision, you have 5 days from date of receipt to send an appeal of the intake decision to the Regional Ombudsman by submitting this grievance for further review.)

Regional Review of Intake Decision: The Regional Ombudsman's decision is final

<input checked="" type="checkbox"/>	The intake decision is being upheld in accordance with Operating Procedure 866.1, <i>Offender Grievance Procedure</i> .
<input type="checkbox"/>	The intake decision is being overturned and the grievance is being returned to the Facility Unit Head for response.
<input type="checkbox"/>	The intake decision is being returned to you because the 5-day time limit for review has been exceeded.

Regional Ombudsman Signature

Date

## Withdrawal of Grievance:

I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I receive a response to this grievance. I understand that I may resubmit this same issue once and only once on a new *Regular Grievance* as long as the original 30-day time limit has not expired.

Offender Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_

Date: \_\_\_\_\_

EXHIBIT 6



VIRGINIA DEPARTMENT OF CORRECTIONS  
Emergency Grievance

Revised 6/24/13; Effective Date: July 1, 2013  
Operating Procedure 866.1 Attachment 3

TO: ADA COORDINATOR/Medical

### Emergency Grievance

Log # 65325

Emergency Grievances are provided for offender reporting and expedited staff responses to allegations that an offender is subject to a substantial risk of imminent sexual abuse and to situations or conditions which may subject the offender to immediate risk of serious personal injury or irreparable harm.

Shouse J 1101441 WBSP MED-MH1  
Offender Last Name First Number Facility Building-Cell/Bed

### PART A- OFFENDER CLAIM

What is the emergency? NEED to meet w/ADA coordinator. Being placed in specific situations subject to precarious conditions contraindicated to my ADA rights + safeguards to my safety, health + mental well-being. I have mania (no depth perception) I am legally blind with degenerative illness, I have 8 foreign metal bodies lodged in my small intestines, I have A SEVERE history of mental illness + suicidal ideation/behaviors. I require by law + VDOC directives "SAM" assignment. OP 801.3  
4/8/21 11:30A Also discussed with Mr. Russell  
Date/Time ON 4/6 + 7/2021 Offender Signature and Number 1101441 OR 730.3

### PART B- STAFF RESPONSE

(This part is to be completed and returned to the offender within eight (8) hours.)

- ☒ Your grievance does not meet the definition for an emergency. Reason/s:  
MET WITH INMATE SHOUSE ON 4/8/21 AT 1240PM  
DEPENDING ON MEETING WITH MR. SAYLOR & DR.  
MCUFFIE ON DECISION & WILL DISCUSS WITH  
MENTAL HEALTH TEAM FOR APPROPRIATE HOUSING
- ☐ Your grievance has been determined to be an emergency and the following action has been taken:

4/8/21 @ 1240pm  
Date/Time

Respondent Signature

Name/Title Printed

- ☐ PREA - Alleged incident of sexual abuse or sexual harassment; Shift Commander, Facility Unit Head or Administrative Duty Officer, and facility PREA Compliance Manager notified
- Alleged sexual abuse or sexual harassment ☐ Will be referred for Investigation

Determination by:

Signature

Name/Title Printed



VIRGINIA  
DEPARTMENT OF CORRECTIONS

PLEASE RETURN COPIES

Regular Grievance 866\_FI\_10\_20

EXHIBIT (7)

Regular Grievance

Log Number:

Instructions for Filing:

- You must first attempt to resolve your issue through the informal complaint process prior to filing a *Regular Grievance*.
- You must attach the *Written Complaint* or other documentation used to satisfy the informal complaint process.
- Your grievance must be received within 30 days from the original incident or discovery of the incident, unless a more restrictive time limit applies.
- You must fill your *Regular Grievance* out completely and correctly
- You must explain your issue and how you were personally affected in the space provided, preferably in ink.
- You must avoid the reasons for rejection at intake; if your grievance is rejected you have 5 days to appeal the rejection.
- When multiple issues are submitted on the same grievance, you will only receive a response to the exact same issue addressed through the informal complaint process. All other issues will be forwarded to appropriate staff for investigation and resolution.

Shouse, Jacob  
Offender Name (Last Name, First)

1101441  
Offender Number

C-510  
Housing Assignment

S. Caughron WSP-21-INF-61930  
Individuals Involved in Incident:

Date/ Time of Incident

Results of the Informal Complaint Process (Select one of the below)

- ☒ Written Complaint on this issue attached
- ☒ Other documentation used to satisfy the informal complaint process is attached
- ☐ Informal complaint process is not required for this issue

Explain Your Issue: (Provide a detailed explanation of the issue, your attempts to resolve the issue and how you were personally affected.)

I have already previously been approved for ADA reasonable accommodations request on 5/12/21 by then ADA coordinator UM SCOTTS as he responded to my reasonable accommodation request dated 4/8/21 as approved after he talked w/ WSP physician and reviewed my medical file. (See attached informal/grievance # WSP-21-INF-61930) However, I was on a hospital trip transfer @ SOSP for 4 mos. It was stated on my grievance that my accommodations will be provided upon my return to WSP. I returned on 8/25/21 and spoke w/ new ADA coord. op. My complaint that I needed the means and provisions "Pre-Approved" by Warden for the visually impaired ADA reasonable accommodations. He is ignorant to the fact that I have already submitted and been approved my request for accommodations. Also, I have annual appointments w/ an ophthalmology dept. due to my eye injury; however, he is again ignorant to the fact that there is over a year backlog as WSP has not had Dr. for will have a for I cannot wait that long to be provided reasonable accommodations I'm already approved.

Suggested Remedy: (Identify in the space provided below, the action you want taken)

The Pre-Approved "visually impaired" ADA reasonable accommodations I requested & was approved on 4/8/21 & 5/12/21

OR this denial is going to Fed. Court.

Offender Signature

Date

10/5/21





VIRGINIA  
DEPARTMENT OF CORRECTIONS

Regular Grievance 866\_F1\_10-20

**Intake Decision:** (Grievances must be accepted and logged into VACORIS unless returned for the following reason(s))

<input type="checkbox"/>	<b>Non-Grievable:</b>
<input type="checkbox"/>	Disciplinary hearing decisions, penalties and/or procedural errors
<input type="checkbox"/>	Regular Grievance Intake Decisions
<input type="checkbox"/>	Limitation Decisions
<input type="checkbox"/>	State and Federal laws, regulations, and court decisions
<input type="checkbox"/>	Policies, procedures, and decisions of other agencies
<input type="checkbox"/>	Issues yet to occur
<input type="checkbox"/>	Beyond the control of the Department of Corrections
<input type="checkbox"/>	<b>Personally Affected:</b> You must identify how the issue caused personal harm or loss to you, personally.
<input type="checkbox"/>	<b>Limited:</b> You have been limited by the Facility Unit Head, and this grievance is in excess of your limit.
<input type="checkbox"/>	<b>Expired Filing Period:</b> You must submit your grievance within 30 of the original incident or discovery of the incident unless the reason for delay was beyond your control, you have not been provided formal orientation, or a more restrictive time limit has been established to prevent loss of remedy or the issue becoming moot.
<input type="checkbox"/>	<b>Repetitive:</b> You submitted this issue previously on <i>Regular Grievance #</i>
<input type="checkbox"/>	<b>Group Complaints or Petitions:</b> You must submit a grievance on your own behalf; you cannot file a grievance with a group.
<input type="checkbox"/>	<b>Photocopy/Carbon Copy:</b> You did not submit the original grievance documents.
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<input type="checkbox"/>	<b>Insufficient Information:</b> (Not to include Medical, Sexual Abuse, and Sexual Assault). You must provide the following information within 5 days before the grievance can be processed:
<input checked="" type="checkbox"/>	Request for Services: <i>After apt if accommodations are required they will be met per procedure of Raveegee</i>

Institutional Ombudsman Signature

RECEIVED GRIEVANCE DEPT.

**Appeal of Intake Decision**

(If you disagree with the intake decision, you have 5 days from date of receipt to send an appeal of the intake decision to the Regional Ombudsman by submitting this grievance for further review.)

**Regional Review of Intake Decision:** The Regional Ombudsman's decision is final

OCT 13 2021  
WALLENS RIDGE STATE PRISON

<input type="checkbox"/>	The intake decision is being upheld in accordance with Operating Procedure 866.1, <i>Offender Grievance Procedure</i> .
<input type="checkbox"/>	The intake decision is being overturned and the grievance is being returned to the Facility Unit Head for response.
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Regional Ombudsman Signature

Date

**Withdrawal of Grievance:**

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Offender Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_

Date: \_\_\_\_\_





VIRGINIA  
DEPARTMENT OF CORRECTIONS

Request for Reasonable Accommodation 801\_F7\_10-17

**Request for Reasonable Accommodation**

Submit this form through the facility mail system to the Institutional ADA Coordinator

**Offender Request:**Offender Name: J. Shouse Number: 1101441 Housing: 1A-19

Accommodation Requested: (Provide a brief description of the accommodation and/ or equipment you are requesting)

Note This Request is made for duration of incarceration (14 yrs) not solely for MCTC.

(See Attached) 2 pg. Also (Diagnoses Report VCU/MCU Ophthalmology) 1p.

- 3 pg. Total -

By signing below you agree to cooperate in the handling of your request, including but not limited to, agreeing to be interviewed and/ or examined by institutional health care staff as appropriate.

Offender Signature

Date 11.23.20**Institutional ADA Coordinator Review**Date Received: 12/1/2020

- ☐ Medical Accommodation
- ☐ Non-Medical Accommodation

Your request has been reviewed and the following decision has been made

- ☐ Request has been granted
- ☒ Request has been denied
- ☐ Requested is granted with the following Modification:

Initial 1-5 request are invalid these will not help. Educational request are invalid - You are not going to school. Final request are denied due to security reasons. You are being scheduled for a reevaluation

Institutional ADA Coordinator Signature

Date 12/9/2020

If you disagree with the decision of the Institutional ADA Coordinator or believe that you have been discriminated against because of your disability, you can address concerns through the Offender Grievance Procedure as provided in Operating Procedure 866.1, *Offender Grievance Procedure*.

Exhibit 8(b)

To: ~~WR-3P~~ ADA COORDINATOR - ~~D. HARRIS~~ Mr. Caughy  
 From: Jacob Shouse, 11/11/41  
 Date: ~~Nov. 17, 2021~~ 5/12/21  
 RE: Reasonable Accommodation Request  
 Americans with Disabilities Act (ADA)

Dear Mr. ~~Harris~~ Caughy,

This request is made pursuant to VA Codes / State / Federal laws governing persons under the ADA as well as VDOC policies, e.g. OP 801.3 and commensurate to my medical records attesting my injury in 2016 @ Sussex State Prison, leaving me legally blind to wit: Right eye sustaining Optic Atrophy, Detached Retina and Cataract - Monovision / lack of depth perception; accompanying an already visual impairment requiring prescription glasses with special tint for my only working left eye.

Therefore, it is further declared that all reasonable accommodations requested are free from and DO NOT present any undue hardship to the facility or the safety and security of the prisoner or any other persons, whereby, any and all costs will be paid by me and, all items requested are already preapproved by the VDOC for ADA qualified persons.

Wherefore, the items to be requested approval for and reasons thereof are as follows:

- 1) A 19 inch television that provides modes and functions for the visually impaired, i.e., functions that allow me to fine tune and adjust picture magnification, resolution, motion lighting, primary color intensity, variety and number and range / temperature of color, sharpness, depth and brightness / contrast of objects and their clarity and magnification, etc., so as to reduce the symptoms associated with my disability such as severe headaches, dizziness, blurred vision and nausea... and reduce the potential to exacerbate further damage to my eyes and partial vision.
- 2) A DVD player, as my visual impairment / lack of depth perception makes it impossible to read for longer than two minutes and without constant strain and instant blurred vision accompanied with severe headaches and dizziness; therefore, visual presentation through DVD / video facilitates communication and promotes understanding of any and all reading material, i.e., legal, educational, religious, etc.
- 3) A Talking watch (low vision), for mentioned reasons
- 4) A Lock w/ key, for mentioned reasons
- 5) Request the following while attending VDOC / DCJ / VOCATIONAL



EDUCATION :

1) larger screened monitors equipped with visual impairment modes, large-print textbooks/workbooks, audio equipment to utilize when extended periods of time is needed towards digital work so as to not place strain upon my eyes.

...further, I request the following "Modification to Procedures/Facility Practices" as outlined below:

1) Request that I be allowed to purchase from an approved outside (or off-site) clinic prescription glasses so as to further protect my only eye with worsening visual clarity due to the specific need for enhanced transitional lenses that darken adequately for indoors against the constant bright lights of a prison setting and the extremes of UV rays from the sun outdoors, inasmuch as the VDOC cannot issue A tint of more than 40% at which I am prescribed and there is not an availability of transitional lenses to adopt the function of sunglasses outdoors, nor am I able to purchase such from the prison canteen as I am indigent from accrued debt to the VDOC upwards of \$10,000...

...WHEREFORE, I request that the entirety of these aforementioned purchases be allowed to be made by third party (family).

2) I request that A medically Documented notation be obtained outside my cell-door proclaiming the medical necessity deemed appropriate and legally binding by the ADA that my prescription glasses are hereby due to visual disability considered A "limb" such as the legality allowed to for prosthetic devices and that therefore shall remain/accompany me at all times, especially when mobil/ambulate.

3) ... continued on the same "document", that, I am to be at all times handcuffed on the "front" (as opposed to behind the back) for safety reasons as my visual disability renders "depth perception", visual "clarity" and "sharpness" of objects which present A substantial likelihood of future injury in light of fall, accident or misdirection, etc.

4) ... continued on the same "document", that I am NOT required to "kneel" on knees to affix/remove ligatures, due to the lack of "depth perception", for that is cruel and unusual and also represents A substantial likelihood of future injury in light of fall, accident or misdirection, etc. IN ADDITION, to assert that I must rely solely on the merit of staff that "escort" me is to DENY me fundamental safeguards of rights enumerated under the US Constitution, Amendments 5 and 14 to not be individually deprived of LIFE, LIBERTY, OR PROPERTY... I shall have the right to protect "myself" from falls, accidents, etc. even when restrained and escorted.

Respectfully Submitted,

- 2 - Jacobs Shouse, 1101441  
 LSC 11-17-20



VIRGINIA DEPARTMENT OF CORRECTIONS

## Grievance Receipt

§66.1 A-3

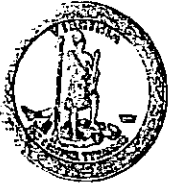
DOC Location: WRSP Wallens Ridge State Prison

Report generated by Stallard, D S

Report run on 05/05/2021 at 01:45 PM

Grievance Number: WRSP-21-INF-00869Next Action Date: 05/19/2021 12:00 AM

On this date:	05/04/2021	I have received a statement from:
Shouse, Jacob A	1101441	Wallens Ridge State Prison C-5-510-B
(Offender Name and DOC#)		(Filed Location and Housing)
Setting out the following complaint:		
<p>C510 states "Being denied appropriate housing assignment conducive to my medical/mental health needs per VADOC policy, i.e. SAM Unit...Which is clinically indicated because: 1) per OP 801.3 I am classified as having a disability in accord. w/Americans with Disabilities Act/Virginias with disabilities (e.g. legally blind/mono vision, GI Track complications of 8 metal foreign bodies lodged/18 prior GI surgeries; serious mental illness. Total of 3 determined disabilities under ADA). 2) per OP 730.2 I am classified as M.H Code 2s, "substantial impairment," At risk for deterioration and/or self-harm w/ history of suicide attempts/ideations and; 3)Per OP 730.3, I recently was removed/discharged from a mental health unit @ GRCC and two SDTPs @MCTC/WRSP as well as suicide precautions w/ in last 3 mos. I meet all criteria for SAM Unit Assignment for further M.H. Serv. See OP 830.5, XIV, C- "After successful completion of SDTP, inmates needing additional MH services may be referred to SAM unit."</p>		
D. Stallard		Omc
(Signature)		(Title)



VIRGINIA DEPARTMENT OF CORRECTIONS

## Grievance Receipt

366.1 A-3

DOC Location: WRSP Wallens Ridge State Prison

Report generated by Stallard, D S

Report run on 05/05/2021 at 12:58 PM

Grievance Number: WRSP-21-INF-00868Next Action Date: 05/19/2021 12:00 AM



On this date:	05/04/2021	I have received a statement from:
Shouse, Jacob A	1101441	Wallens Ridge State Prison C-5-510-B
(Offender Name and DOC#)		(Filed Location and Housing)
Setting out the following complaint:		
<p>C510 inmate states, "State/Federal Law violations, i.e., being denied ADA reasonable accommodations, per OP 801.3, as a result my disabilities are being exacerbated. I have 3 disabilities qualified/recognized by 42 USC:12101 et seq and COV:51.1-1 et seq/ADA. 1) DSMV diagnosis, 301.7 and 309.81 – Antisocial/Borderline PD; 2) Digestive Chronic condition 8 metal foreign bodies in GI track; 3) Legally blind/visually impaired/mono vision. I have requested via 801_F7 (request for reasonable accommodations twice 11/23/20 denied 12/9/20 by ADA coord. @MCTC and on 4/8/21 with ADA coord. @WRSP with UM Santos) to no avail. This is discrimination as other inmates with similar disabilities as mine are receiving some requested accommodations. This is the routine practice of reprisal towards me by WRSP due to my past history &amp; mental illness &amp; directed hatred by staff."</p>		
 (Signature)		 (Title)

EXHIBIT 11



VIRGINIA DEPARTMENT OF CORRECTIONS

# Grievance Receipt Report



VACORIS C - #.0

DOC Location: WRSP Wallens Ridge State Prison

Report generated by VanHuss, A

Report run on 09/27/2021 at 01:08 PM

Grievance Number: WRSP-21-INF-01930Next Action Date: 10/12/2021 12:00:00 AM

On this date:	09/27/2021	I have received a statement from:
Shouse, Jacob A	1101441 of	Wallens Ridge State Prison
(Offender Name and DOC#)		(Filed Location and Housing)
Setting out the following complaint:		
C510 Inmate states still being denied ADA accommodations - i.e. 15" TV, watch, special glasses, tint on window, etc. Per OP 801.3. As a result my visual impairment is exacerbating this is a denial of adequate medical care.		
		
(Signature)		

Officer Initials: \_\_\_\_\_

EXHIBIT 12



Virginia Department of Corrections

# Grievance Receipt Report

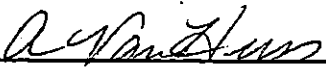
VACORIS C - #.0

DOC Location: WRSP Wallens Ridge State Prison

Report generated by VanHuss, A

Report run on 04/19/2022 at 11:32 AM

Grievance Number: WRSP-22-INF-01062Next Action Date: 5/4/2022 12:00:00 AM

On this date:	04/19/2022	I have received a statement from:
Shouse, Jacob A	1101441 of	Wallens Ridge State Prison A-3-304-B
(Offender Name and DOC#)		(Filed Location and Housing)
Setting out the following complaint:		
A304 Inmate states being refused copy of profile by Dr. for ADA qualifications and accommodations and for "No kneel/cuff in front" pass. And being refused paperwork put on my door for staff awareness. This is causing me to be forced to go against these orders.		
		
(Signature)		

Officer Initials: \_\_\_\_\_



VIRGINIA  
DEPARTMENT OF CORRECTIONS

RECEIVED GRIEVANCE DEPT.  
Written Complaint 866\_F3\_10-20

JUN 01 2022

## Written Complaint

WALLENS RIDGE STATE PRISON

### Instructions for filing:

- You should first use the verbal complaint process and discuss your issue with staff before submitting this *Written Complaint*.
- You must explain your issue in the space provided below, preferably in ink.
- You must fill your *Written Complaint* form out completely and correctly
- Your *Written Complaint* must be received within 15 days of the original incident or discovery of the incident.
- You are limited to only one issue per *Written Complaint*.
- You may file a *Regular Grievance* if you do not receive a response within 15 days.
- You are not required to submit a *Written Complaint* for alleged incidents of sexual abuse and sexual harassment or when the informal complaint process is satisfied by other documentation.

RECEIVED BY

JUN 02 2022

WRSP MEDICAL DEPT

J. Shouse  
Offender Name

1101441  
Offender Number

A304  
Housing Assignment

Individuals Involved in Incident

Date/ Time of Incident

TO: Medical

(You must address your issue to institutional staff or an institutional department)

### In the space provided explain your issue (be specific):

Being denied Dr. Mullins' orders: ON 5/19/22 Dr. Mullins wrote in my chart orders for 5 (Five) ointment wafers, which I am being denied with given supplies. He also ordered A antibiotic (Keflex) and A cream (Betta) for A toe nail infection. I have not received any antibiotic, also I was only given "Triple Antibiotic" ointment - cannot be used for an infection in my toenail - it is to prevent infection in "minor cuts, scrapes, burns"; also, you cannot put ointment on toes because it "traps moisture" causing bacteria to spread. Cream will dry the wound for faster healing. I am not a diabetic.

Offender Signature: [Signature]

Date: 5/31/22

Offenders - Do Not Write Below This Line

Date Received: 6/1/22

Response Due: 6/16/22

Log Number: WRSP 221378 01583

Assigned to: Medical

### Action Taken/Response:

You were seen by Dr Mullins on 6/8/22  
You should be receiving 5 wafers per Sapphire Renew  
You no longer have a Triple Antibiotic ointment order. You are receiving O-trisone Cream for your toe. Your antibiotic has been ordered and you will start receiving it when we get it from the pharmacy.

J. Jounsen  
Respondent Signature

T Townsend RNCR  
Printed Name and Title

6/9/22  
Date

### Withdrawal of Complaint:

I wish to voluntarily withdraw this complaint. I understand that by withdrawing this written complaint, there will be no further action on this issue nor will I receive a response to this complaint. I understand that I may resubmit this same issue once and only once on a new *Written Complaint* as long as the original 30-day time limit has not expired.

Offender Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_

Date: \_\_\_\_\_





Exhibit 13



Virginia Department of Corrections

## Grievance Receipt Report



VACORIS C - #.0

DOC Location: WRSP Wallens Ridge State Prison

Report generated by Ravizee, B J

Report run on 04/11/2022 at 01:54 PM

Grievance Number: WRSP-22-INF-00940Next Action Date: 4/26/2022 12:00:00 AM

On this date:	04/11/2022	I have received a statement from:
Shouse, Jacob A	1101441	Wallens Ridge State Prison
	of	A-3-304-B.
(Offender Name and DOC#)		(Filed Location and Housing)
Setting out the following complaint:		
A-304~ participating in work programs is a factor in an offender's evaluation for good time. Your earning good time is blatantly and discriminately being obstructed by being refused participation in work programs. Your treatment goals for good time awards is to obtain/maintain institutional employment.		
		
(Signature)		

Officer Initials: \_\_\_\_\_



VIRGINIA  
DEPARTMENT OF CORRECTIONS

Written Complaint 866\_F3\_10-20

## Written Complaint

### Instructions for filing:

- You should first use the verbal complaint process and discuss your issue with staff before submitting this *Written Complaint*.
- You must explain your issue in the space provided below, preferably in ink.
- You must fill your *Written Complaint* form out completely and correctly.
- Your *Written Complaint* must be received within 15 days of the original incident or discovery of the incident. **APR 11 2022**
- You are limited to only one issue per *Written Complaint*.
- You may file a *Regular Grievance* if you do not receive a response within 15 days.
- You are not required to submit a *Written Complaint* for alleged incidents of sexual abuse and sexual harassment or when the informal complaint process is satisfied by other documentation.

WALLENS RIDGE STATE PRISON

J. Moore

Offender Name

1101441

Offender Number

A 304

Housing Assignment

Individuals Involved in Incident

★ CC Rights Behind Bars ~~Agency~~  
 Samuel Weiss, Dean Nunn; ★  
 ACLU of Va.

Date/ Time of Incident

TO: WORK PAR

(You must address your issue to institutional staff or an institutional department)

In the space provided explain your issue (be specific):

In violation of State Goodtime law Regulations COV § 53.1-202.3; § 53.1-32.1 and VADICOP 841.2, I, K, #1 (status = Participation in work programs is a factor in an offender's evaluation for goodtime awards). My earning of goodtime is blatantly and discriminatorily being obstructed by being refused participation in work programs. I am stalked on H. McGee said that I will not be allowed a work assignment while housed in A-3... Despite my Annual Review treatment goals for goodtime awards to "Obtain/maintain institutional employment" for 2022. This discriminatorily clinical creates a State/Federal "liberty interest"

Offender Signature:

Offenders - Do Not Write Below This Line

Date: 4-10-22

Date Received: 04.11.2022

Response Due: 04.26.2022

Log Number WRP22/NP-00940

Assigned to: Unit Mgr Stallard

Action Taken/Response:

Respondent Signature

Printed Name and Title

Date

### Withdrawal of Complaint:

I wish to voluntarily withdraw this complaint. I understand that by withdrawing this written complaint, there will be no further action on this issue nor will I receive a response to this complaint. I understand that I may resubmit this same issue once and only once on a new *Written Complaint* as long as the original 30-day time limit has not expired.

Offender Signature:

Date: 4-13-22

Staff Witness:

Date: 4-15-22





Virginia Department of Corrections

**Grievance Receipt Report**

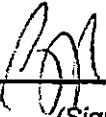

VACORIS C - #.0

DOC Location: WRSP Wallens Ridge State Prison

Report generated by Ravizee, B J

Report run on 04/11/2022 at 01:54 PM

Grievance Number: WRSP-22-INF-00941Next Action Date: 4/26/2022 12:00:00 AM

On this date:	04/11/2022	I have received a statement from:
Shouse, Jacob A	1101441	Wallens Ridge State Prison
	of	A-3-304-B
(Offender Name and DOC#)		(Filed Location and Housing)
Setting out the following complaint:		
A-304-A-bld supervisory staff are blatantly discriminating against inmates in A-3 pod with medical/mental disabilities by denying required opportunities to obtain job assignments.		
 (Signature)		

Officer Initials: \_\_\_\_\_



VIRGINIA  
DEPARTMENT OF CORRECTIONS

Written Complaint 866\_F3\_10-20

## Written Complaint

### Instructions for filing:

- You should first use the verbal complaint process and discuss your issue with staff before submitting this *Written Complaint*.
- You must explain your issue in the space provided below, preferably in ink.
- You must fill your *Written Complaint* form out completely and correctly
- Your *Written Complaint* must be received within 15 days of the original incident or discovery of the incident.
- You are limited to only one issue per *Written Complaint*.
- You may file a *Regular Grievance* if you do not receive a response within 15 days.
- You are not required to submit a *Written Complaint* for alleged incidents of sexual abuse and sexual harassment or when the informal complaint process is satisfied by other documentation.

RECEIVED GRIEVANCE DEPT.

APR 11 2022

WALLENS RIDGE STATE PRISON

T. Shouse  
Offender Name

1101441  
Offender Number

A-304  
Housing Assignment

Individuals Involved in Incident

Date/ Time of Incident

TO: WORK PAR

Acc = Rights Behind Bars Advocates  
Samuel Weiss, OREN Nimmaj, ACLU of Va

(You must address your issue to institutional staff or an institutional department)

In the space provided explain your issue (be specific):

In violations of CUV §53.1-32.1 and §53.1-41 (opportunities for work in state prisons)  
And DP 841.2 (work programs) A-310g Supervisory Staff are blatantly discriminating against  
inmates in A-3 housing with medical/mental disabilities by denying required opportunities  
to obtain job assignments. Discriminately allowing 2 inmates only (i.e. Paul Barker and Red Monte)  
to perform all other job vacancies allocated to all housing units. They perform duties of pol  
files, shower room, housing unit, COVID-19 sanitation, rec worker, etc that are required to be  
available to all eligible inmates - not just 2. This is state/federal laws violation/work grievance  
Policy

Offender Signature: LSDate: 4-10-22

Offenders - Do Not Write Below This Line

Date Received: 04.11.2022Response Due: 04.26.2022Log Number: 00941Assigned to: Unit Mgr Wallace

Action Taken/Response:

Respondent Signature

Printed Name and Title

Date

### Withdrawal of Complaint:

I wish to voluntarily withdraw this complaint. I understand that by withdrawing this written complaint, there will be no further action on this issue nor will I receive a response to this complaint. I understand that I may resubmit this same issue once and only once on a new *Written Complaint* as long as the original 30-day time limit has not expired.

Offender Signature: LSDate: 4-13-22Staff Witness: L. StallaDate: 4-13-22

Exhibit 13  
(e)

Virginia Department of Corrections

# Grievance Receipt Report



VACORIS C - #.0

DOC Location: WRSP Wallens Ridge State Prison

Report generated by Ravizee, B J

Report run on 04/11/2022 at 01:54 PM

Grievance Number: WRSP-22-INF-00939Next Action Date: 4/26/2022 12:00:00 AM

On this date:	04/11/2022	I have received a statement from:
Shouse, Jacob A	1101441 of	Wallens Ridge State Prison
(Offender Name and DOC#)		(Filed Location and Housing)
Setting out the following complaint:		
A-304~ pursuant to OP 841.2 staff refuse to post in housing unit "Notice of Job Openings". You are given multiple excuses for this. There are more than 4 positions allotted to A-3 but none are posted or are blatantly being refused assignment availability.		
 (Signature)		

Officer Initials: \_\_\_\_\_



VIRGINIA  
DEPARTMENT OF CORRECTIONS

Written Complaint 866\_F3\_10-20

## Written Complaint

## Instructions for filing:

- You should first use the verbal complaint process and discuss your issue with staff before submitting this *Written Complaint*.
- You must explain your issue in the space provided below, preferably in ink.
- You must fill your *Written Complaint* form out completely and correctly
- Your *Written Complaint* must be received within 15 days of the original incident or discovery of the incident.
- You are limited to only one issue per *Written Complaint*.
- You may file a *Regular Grievance* if you do not receive a response within 15 days.
- You are not required to submit a *Written Complaint* for alleged incidents of sexual abuse and sexual harassment or when the informal complaint process is satisfied by other documentation.

RECEIVED GRIEVANCE DEPT.  
APR 11 2022  
WALLENS RIDGE STATE PRISON

J. Shouse  
Offender Name

1101441  
Offender Number

A304  
Housing Assignment

Individuals Involved in Incident

★ CC: Rights Behind Bars Attorneys: ★ Date/ Time of Incident

TO: WORK PAR

SAMUEL WESS, OREN Nimni; ACLU of Va.

(You must address your issue to institutional staff or an institutional department)

In the space provided explain your issue (be specific):

IN VIOLATION OF OP 841.2 and CODE 53.1-41: WORK PAR and A-Bidg. SUPERVISORY STAFF REFUSE to post in housing unit "NOTES of job openings" as per OP 841.2, IV, A. I contacted by A-Bidg. SUPERVISORY STAFF multiple excuses for this (e.g. do not want more than 2 workers because they do not trust the type of inmates in A-3 SAM [Emotional/mentally disabled] to perform; all positions was filled, etc) HOWEVER, evidence shows via rapid-eye system (only date/time) only 2 workers used. 2 others confirm job assignments. There are more than 4 positions allocated to A-3, but none are posted or are blatantly being refused assignment availability

Offender Signature:

Date: 4-10-22

Offenders - Do Not Write Below This Line

Date Received: 04.11.2022

Response Due: 04.26.2022

Log Number: 00939

Assigned to: Unit Mgr Stallard

Action Taken/Response:

Respondent Signature

Printed Name and Title

Date

## Withdrawal of Complaint:

I wish to voluntarily withdraw this complaint. I understand that by withdrawing this written complaint, there will be no further action on this issue nor will I receive a response to this complaint. I understand that I may resubmit this same issue once and only once on a new *Written Complaint* as long as the original 30-day time limit has not expired.

Offender Signature:

Date: 4-13-22

Staff Witness:

Date: 4-13-22





Exhibit 15(c)



Virginia Department of Corrections

# Grievance Receipt Report

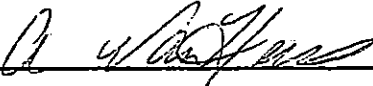

VACORIS C - #.0

DOC Location: WRSP Wallens Ridge State Prison

Report generated by VanHuss, A

Report run on 12/20/2021 at 02:01 PM

Grievance Number: WRSP-21-INF-02637Next Action Date: 1/4/2022 12:00:00 AM

On this date:	12/20/2021	I have received a statement from:	
Shouse, Jacob A	1101441	of	Wallens Ridge State Prison
(Offender Name and DOC#)		(Filed Location and Housing)	
Setting out the following complaint:			
C510 Inmate states according to UM Santos and Lt. Hobbs, they approved my houseman job application 1 and 1/2 months ago, however, they continue to tell me that Ms. Church hasn't put it in VACoris, still 1.5 months later. This has affected my GCA level and security level for my 11/20/21 annual review as it has not been fulfilled.			
			
(Signature)			

Officer Initials: \_\_\_\_\_



VIRGINIA

DEPARTMENT OF CORRECTIONS

Offender Request 801-02 7-12  
 ASSISTANT WARDEN  
 WALLERS RIDGE STATE PRISON  
 MAR 03 2022

## Offender Request

## DIRECTIONS

1. Fill in your Name, Number, Full Housing Assignment
2. Please Print your request; **KEEP IT BRIEF**
3. Drop in the appropriate Mail Box
4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
Shouse	J		1101441	A-304
WORK ASSIGNMENT	ASSIGNED COUNSELOR	TODAY'S DATE		
		3-22-22		

TO: ☐ Unit Manager ☐ Medical ☐ Personal Property ☐ Law Library ☐ Security  
☐ Treatment ☐ Mental Health ☐ Education ☐ Enterprise Shop ☐ Accounting  
☐ Chaplain ☒ Assistant Warden ☐ Warden ☐ Other

CHECK PURPOSE ☒ Appointment Request ☐ Question/Statement

Warden please speak w/ UM Stiller about me having my job here in A-3. He's telling me I was never "hired", paperwork not turned in by Ms. Church, however I have my copy.

The point of Maj. Blanks, UM Stiller giving it to me was to occupy my mind so as to combat extended cell time... to get out the cell more for my mental well-being. I commit do 20 hours a day locked in my cell.

I request my job! It is my Annual goal also my godfather depends on it.

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

## RESPONSE

Request sent to correct department ☐ Yes ☐ No; Routed to: \_\_\_\_\_ Date: \_\_\_\_\_

You had a job in C-Bldg. You left the pod and moved to another pod. Your job does not go with you.

You can apply & talk with the Supervisor in A-Bldg to be placed on a list for a job is up to the building manager.

Offender seen ☐ Yes ☐ No

Official Responding

3-10-22  
 Date of Response

EXHIBIT 15(C)

1-12-22

To: C Building Control Rooms

**Effective Immediately:**

**inmate J. Shouse #1101441 (C-510) is the assigned Outside (Recreation) Worker. Before outside recreation begins, between each pull and when outside recreation is complete, inmate Shouse will clean and sanitize the yard.**

  
Unit Manager F. Santos



VIRGINIA

DEPARTMENT OF CORRECTIONS

Written Complaint 866\_F3\_10-20

**Written Complaint****Instructions for filing:**

- You should first use the verbal complaint process and discuss your issue with staff before submitting this *Written Complaint*.
- You must explain your issue in the space provided below, preferably in ink.
- You must fill your *Written Complaint* form out completely and correctly.
- Your *Written Complaint* must be received within 15 days of the original incident or discovery of the incident.
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- You may file a *Regular Grievance* if you do not receive a response within 15 days.
- You are not required to submit a *Written Complaint* for alleged incidents of sexual abuse and sexual harassment or when the informal complaint process is satisfied by other documentation.

RECEIVED GRIEVANCE DEPT.

APR 11 2022

WALLENS RIDGE STATE PRISON

J. Shouse  
Offender Name1101441  
Offender NumberA-304  
Housing Assignment

Individuals Involved in Incident

Date/ Time of Incident

TO: WORK PAR - WRSP

(3 ATTACHMENTS)

CC: Rights Behind Bars  
Attorneys Samuel Weiss  
AUREN NIMMI  
ACLU of VA

(You must address your issue to institutional staff or an institutional department)

In the space provided explain your issue (be specific): Denied Pay for work:

In violation of OP 841.2, I, K and II, B #2. I just discovered from UM Stallard and Lt. McCray talked with Ms. Church and she allegedly reported that my Rec - year - harassment job assignment was never entered into VACARS to insure I am compensated with payment for work performed. Discovered this after asking A-3 Supervisory Bldg staff to investigate why I've not received any paycheck for work performed from 1/12/22 to 2/13/22 to C-5. Information just discovered upon receiving Fib-Mor monthly trust statement that I wasn't paid, but made to work for 30 days per UM Services effective 1/12/22 after information request to AW Russell 3/10/22

Offender Signature: [Signature]

Date: 4-5-22

Offenders - Do Not Write Below This Line

Date Received 04.11.2022

Response Due: 04.26.2022

Log Number: 00938

Assigned to: Unit Mgr Santos

Action Taken/Response:

I WILL NOTIFY THE BUSINESS OFFICE  
YOU WILL BE COMPENSATED.

Respondent Signature

Printed Name and Title

Date

**Withdrawal of Complaint:**

I wish to voluntarily withdraw this complaint. I understand that by withdrawing this written complaint, there will be no further action on this issue nor will I receive a response to this complaint. I understand that I may resubmit this same issue once and only once on a new *Written Complaint* as long as the original 30-day time limit has not expired.

Offender Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_

Date: \_\_\_\_\_



VIRGINIA DEPARTMENT OF CORRECTIONS

Revision Date: 10/30/20



Virginia Department of Corrections

## Grievance Receipt Report

VACORIS C - #.0



DOC Location: WRSP Wallens Ridge State Prison

Report generated by Ravizee, B J

Report run on 04/11/2022 at 01:54 PM

Grievance Number: WRSP-22-INF-00938

Next Action Date: 4/26/2022 12:00:00 AM

On this date:	04/11/2022	I have received a statement from:
Shouse, Jacob A	1101441 of	Wallens Ridge State Prison
(Offender Name and DOC#)		A-3-304-B
		(Filed Location and Housing)
Setting out the following complaint:		
A-304~ Unit Mgr. Stallard and Lt. McCray spoke with Counselor Church and she allegedly reported that you recreation-yard, houseman job assignment was never entered into VACORIS to ensure you were compensated with payment for work performed. You worked in C-5 from 1-12-22-2-13-22.		
		
(Signature)		

Officer Initials: \_\_\_\_\_



VIRGINIA  
DEPARTMENT OF CORRECTIONS

Offender Request 801\_F3\_7-12

ASSISTANT WARDEN

WALLENS RIDGE STATE PRISON

FEB 09 2022

## Offender Request

### DIRECTIONS

1. Fill in your Name, Number, Full Housing Assignment
2. Please Print your request; KEEP IT BRIEF
3. Drop in the appropriate Mail Box
4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
Shumaz	J		110144H	C-510
WORK ASSIGNMENT	ASSIGNED COUNSELOR	TODAY'S DATE		
		2-4-22		

TO: ☐ Unit Manager ☐ Medical ☐ Personal Property ☐ Law Library ☐ Security  
☐ Treatment ☐ Mental Health ☐ Education ☐ Enterprise Shop ☐ Accounting  
☐ Chaplain ☒ Assistant Warden ☐ Warden ☐ Other

CHECK PURPOSE ☐ Appointment Request ☒ Question/Statement

I supplied times, please secure this properly + DO NOT mail back to me without the confidence + protection of it being in a sealed envelope; %os hand out mail to the wrong cells routinely + that's all I need is being targeted as a snitch.

I have been assaulted twice the past 30 days, in ADA, legally blind, w/an ostomy... I cannot defend myself or want any associated charge, but WSP is putting my life in danger in the regular SLS GP of gang initiation + knives. And the %os watched it happen twice + did nothing. I'm going to surgery soon... if something doesn't get better, I can't live this way. I shouldn't have to, I've done everything you've asked,

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

## RESPONSE

Request sent to correct department ☐ Yes ☐ No; Routed to: \_\_\_\_\_ Date: \_\_\_\_\_

You need to provide the time frames so that Intel can verify your allegations. I have spoke to the warden and your move to the SAM pod is a mental health matter. We will discuss the possibility with them.

Offender seen ☐ Yes ☒ No

Official Responding

Date of Response





VIRGINIA  
DEPARTMENT OF CORRECTIONS

## Inmate Request

## DIRECTIONS

1. Fill in your Name, Number, Full Housing Assignment
2. Please Print your request; KEEP IT BRIEF
3. Drop in the appropriate Mail Box

4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

YOUR LAST NAME <u>Shouse</u>	FIRST <u>JACOB</u>	MI	NUMBER <u>1101441</u>	BLDG/CELL <u>D 507</u> <u>C-510</u>
WORK ASSIGNMENT	ASSIGNED COUNSELOR	TODAY'S DATE <u>1-20-22</u>		

TO: ☐ Unit Manager ☐ Medical ☐ Personal Property ☐ Law Library ☐ Security  
☐ Treatment ☐ Mental Health ☐ Education ☐ Enterprise Shop ☐ Accounting  
☐ Chaplain ☐ Assistant Warden ☐ Warden ☐ Dental  
☒ Other Intel

CHECK PURPOSE ☐ Appointment Request ☒ Question/Statement

Please retain rapid-eye footage 421 C-5 for the following dates: Feb  
ASSAULTS

- 1 ~~Jan 18th~~
- 2 Jan 16th 8-10 AM
- 3 Jan 21st 4-4:30 PM
- 4 Jan 23rd 8-8:30 AM

(original to RBB)  
 CC: Rights Behind Bars, Sam Weiss, Attorney,  
 → Victor Central/Regional offices,  
 → WESP Intel,  
 → J. Shouse 1101441

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

## RESPONSE

Request sent to correct department ☐ Yes ☐ No; Routed to: \_\_\_\_\_ Date: \_\_\_\_\_

FOOTAGE HAS BEEN RETAINED

Inmate seen ☐ Yes ☒ No

T/O REVERO  
Official Responding

2/28/22  
Date of Response



VIRGINIA  
DEPARTMENT OF CORRECTIONS

Offender Request 801\_F3\_10-17

## Inmate Request

## DIRECTIONS

1. Fill in your Name, Number, Full Housing Assignment
2. Please Print your request; KEEP IT BRIEF
3. Drop in the appropriate Mail Box

4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
Shouse	David		1101441	C-510
WORK ASSIGNMENT	ASSIGNED COUNSELOR		TODAY'S DATE	
			Resubmitted 2-2-22 1-20-22	

TO: ☐ Unit Manager ☐ Medical ☐ Personal Property ☐ Law Library ☐ Security  
☐ Treatment ☐ Mental Health ☐ Education ☐ Enterprise Shop ☐ Accounting  
☐ Chaplain ☐ Assistant Warden ☐ Warden ☐ Dental  
☒ Other Dental

CHECK PURPOSE ☐ Appointment Request ☒ Question/Statement

Please return rapid-eye footings 421 C-5 for the following dates: ASSAULTS

1 Jan 5th → 8-10 AM  
 2 Jan 6th → 8-10 AM  
 3 Jan 21st → 4-4:30 PM  
 4 Jan 23rd → 8-8:30 AM

(original to RFB)  
 \* CC: Rights Behind Bars, Sam Weiss, Attorney,  
 → Under Central/Regional offices  
 → WSP Intel  
 → J. Shouse, 1101441, AW Russell

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

## RESPONSE

Request sent to correct department ☐ Yes ☐ No; Routed to: \_\_\_\_\_

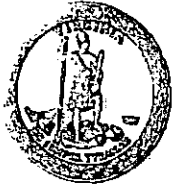
Date: \_\_\_\_\_

YOU NEED TO SPECIFY THE TIME. FOOTINGS CAN BE RETURNED FOR AN ALIQUOT TIME FRAME, BUT NOT FOR THE WHOLE DAY OR

Inmate seen ☐ Yes ☐ No

J. Russell  
 Official Responding

2-1-22  
 Date of Response



VIRGINIA DEPARTMENT OF CORRECTIONS

## Grievance Receipt


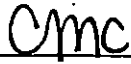
366.1 A-3

DOC Location: WRSP Wallens Ridge State Prison

Report generated by Stallard, D S

Report run on 05/05/2021 at 01:59 PM

Grievance Number: WRSP-21-INF-00870Next Action Date: 05/19/2021 12:00 AM

On this date:	05/04/2021	I have received a statement from:
Shouse, Jacob A	1101441	Wallens Ridge State Prison
	of	C-5-510-B
(Offender Name and DOC#)		(Filed Location and Housing)
Setting out the following complaint:		
C510 inmate complains he is not receiving adequate mental health services despite being classified as a MH Code 2S. This inmate states his 8th amendment rights and Operating Procedure 730.3 are being violated.		
 (Signature)		 (Title)

VIRGINIA  
DEPARTMENT OF CORRECTIONSRECEIVED GRIEVANCE DEPT.  
Written Complaint 866\_F3\_10-20

MAY 03 2021

## Written Complaint

WALLENS RIDGE STATE PRISON

## Instructions for filing:

- You should first use the verbal complaint process and discuss your issue with staff before submitting this *Written Complaint*.
- You must explain your issue in the space provided below, preferably in ink.
- You must fill your *Written Complaint* form out completely and correctly
- Your *Written Complaint* must be received within 15 days of the original incident or discovery of the incident.
- You are limited to only one issue per *Written Complaint*.
- You may file a *Regular Grievance* if you do not receive a response within 15 days.
- You are not required to submit a *Written Complaint* for alleged incidents of sexual abuse and sexual harassment or when the informal complaint process is satisfied by other documentation.

Shaw, Jacob

1101441

C510 B205

Individuals Involved in Incident

Date/Time of Incident

TO: WARDEN +/or Psychology Senior R. Saylor  
(You must address your issue to institutional staff or an institutional department)

In the space provided explain your issue (be specific): State/Federal Const. Rights Violations, i.e., 2nd Amend.

Being denied adequate mental health services: Per OP 730.2, I am classified as "at risk", M.H. code 25. (as noted of treatment/services for "substantial impairment") I have primary diagnoses of DSM IV: 301.7 + 309.9 (Antisocial/Borderline Personality Disorder). Per OP 730.3 MHS: Levels of service, include: Adult Care, Residential Tx, Outpatient Tx + Case Intervention ONLY. & II Level of care, include: Adult Care, Mental Health RTU, SDTP, SAM Unit + Outpatient ONLY. Despite my classification + clinical determination indicating a need for M.H. services according to VADP policy, I am being offered NONE of the above; moreover, having been recently removed from both A MHU + two SDTPs + also having symptoms of suicidal thoughts within past three months and being on suicide watch. I am receiving NO services in accordance with the documented policy at WSP. There is resultant prison

Offender Signature: *[Signature]*

Date: 4-27-21

Offenders - Do Not Write Below This Line

Date Received: 5-4-21 Response Due: 5-19-21 Log Number: WRSP-21-INF-00870

Assigned to: QMHP Senior R. Saylor.

## Action Taken/Response:

You are being provided mental health services as determined by your clinical need.

Richard Saylor, M.S.

Richard Saylor, Psych. Assoc. II 5/19/2021

Respondent Signature

Printed Name and Title

Date

## Withdrawal of Complaint:

I wish to voluntarily withdraw this complaint. I understand that by withdrawing this written complaint, there will be no further action on this issue nor will I receive a response to this complaint. I understand that I may resubmit this same issue once and only once on a new *Written Complaint* as long as the original 30-day time limit has not expired.

Offender Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_

Date: \_\_\_\_\_



Virginia Department of Corrections

## Grievance Receipt Report

VACORIS C - #.0

DOC Location: WRSP Wallens Ridge State Prison

Report generated by VanHuss, A

Report run on 11/22/2021 at 01:55 PM

Grievance Number: WRSP-21-INF-02382Next Action Date: 12/7/2021 12:00:00 AM

On this date:	11/22/2021	I have received a statement from:	
Shouse, Jacob A		1101441	of
		Wallens Ridge State Prison	
		C-5-510-B	
(Offender Name and DOC#)		(Filed Location and Housing)	
Setting out the following complaint:			
C510 Inmate states in violation of VADOC policy OP 440.1 (Privileges by Security Level) Security level five facilities, General Population are to receive 7 hours minimum of out of cell activities (i.e. pod rec., outside rec, meals, etc.). However, WRSP inmates in C-4-6 pods average 3 1/2 hours out of cell time. Typically 1 1/2 hours before 12P count, 30 min to 1 hour after 12p count, with 1 hour outside rec. Rec never continues after 3:30 p. I have severe mental illnesses, have spent over a decade in solitary long term segregation. This is detrimental for me to spend 20 plus hours a day locked in my cell in G.P. esp. when RHU inmates must receive at least 4 hrs. out of cell time per day. We are GP and get less.			
A VanHuss		OSS	
(Signature)			

Officer Initials: \_\_\_\_\_



VIRGINIA  
DEPARTMENT OF CORRECTIONS

Regular Grievance 866\_F1\_10-20

## Regular Grievance

Log Number:

WRSP 21-248  
00377

## Instructions for Filing:

- You must first attempt to resolve your issue through the informal complaint process prior to filing a *Regular Grievance*.
- You must attach the *Written Complaint* or other documentation used to satisfy the informal complaint process.
- Your grievance must be received within 30 days from the original incident or discovery of the incident, unless a more restrictive time limit applies.
- You must fill your *Regular Grievance* out completely and correctly.
- You must explain your issue and how you were personally affected in the space provided, preferably in ink.
- You must avoid the reasons for rejection at intake; if your grievance is rejected you have 5 days to appeal the rejection.
- When multiple issues are submitted on the same grievance, you will only receive a response to the exact same issue addressed through the informal complaint process. All other issues will be forwarded to appropriate staff for investigation and resolution.

Shouse, J.  
Offender Name (Last Name, First)1101441  
Offender NumberC-510  
Housing Assignment

## Individuals Involved in Incident:

RECEIVED GRIEVANCE  
Date: Time of Incident:

## Results of the Informal Complaint Process (Select one of the below)

- ☒ Written Complaint on this issue attached
- ☐ Other documentation used to satisfy the informal complaint process is attached
- ☐ Informal complaint process is not required for this issue

DEC 10 2021

WALLENS RIDGE STATE PRISON

## Explain Your Issue: (Provide a detailed explanation of the issue, your attempts to resolve the issue and how you were personally affected.)

In violation of OP 544.1 (Privileges by security level) S2-5 facilities are to receive a minimum of 7 hours of out-of-cell time (i.e. outside/pad rec, meals etc.) WRSP only allows on average these to 3 1/2 hours out of cell per day per inmate. Rec in pad/outside never continues past 3pm. Typically 1 to 1 1/2 hrs before 12p count and 1 to 1 1/2 hrs after 12p count (included is 1 hr outside) - two hrs in pad rec and 1 outside. I have severe mental health diagnoses and have spent over a decade in solitary long term confinement. 20 plus hrs out of 24 hrs per day locked in my cell is cruel and unusual punishment and detrimental to my mental and physical well being. Having sustained 21 abdominal surgeries already as a direct result of such isolation. RMU inmates must receive a minimum of 4 hrs out of cell time. How is it that GP receives less than segregation (RMU)?

## Suggested Remedy: (Identify in the space provided below, the action you want taken)

Redress

Offender Signature

Date

12-9-21





VIRGINIA  
DEPARTMENT OF CORRECTIONS

Regular Grievance 866\_F1\_10-20

**Intake Decision:** (Grievances must be accepted and logged into VACORIS unless returned for the following reason(s))

<input type="checkbox"/>	<b>Non-Grievable:</b> <input type="checkbox"/> Disciplinary hearing decisions, penalties and/or procedural errors <input type="checkbox"/> Regular Grievance Intake Decisions <input type="checkbox"/> Limitation Decisions <input type="checkbox"/> State and Federal laws, regulations, and court decisions <input type="checkbox"/> Policies, procedures, and decisions of other agencies <input type="checkbox"/> Issues yet to occur <input type="checkbox"/> Beyond the control of the Department of Corrections
<input type="checkbox"/>	<b>Personally Affected:</b> You must identify how the issue caused personal harm or loss to you, personally.
<input type="checkbox"/>	<b>Limited:</b> You have been limited by the Facility Unit Head, and this grievance is in excess of your limit.
<input type="checkbox"/>	<b>Expired Filing Period:</b> You must submit your grievance within 30 of the original incident or discovery of the incident unless the reason for delay was beyond your control, you have not been provided formal orientation, or a more restrictive time limit has been established to prevent loss of remedy or the issue becoming moot.
<input type="checkbox"/>	<b>Repetitive:</b> You submitted this issue previously on <i>Regular Grievance</i> # _____
<input type="checkbox"/>	<b>Group Complaints or Petitions:</b> You must submit a grievance on your own behalf; you cannot file a grievance with a group.
<input type="checkbox"/>	<b>Photocopy/Carbon Copy:</b> You did not submit the original grievance documents.
<input type="checkbox"/>	<b>Informal Complaint Process:</b> Your issue submitted on this grievance is not the same issue addressed in your <i>Written Complaint</i> or supporting documentation, or you failed to use the informal complaint process. You must first submit a <i>Written Complaint</i> on this issue.
<input type="checkbox"/>	<b>Insufficient Information:</b> (Not to include Medical, Sexual Abuse, and Sexual Assault). You must provide the following information within 5 days before the grievance can be processed: _____ _____
<input type="checkbox"/>	<b>Request for Services:</b>

Institutional Ombudsman Signature

Date

**Appeal of Intake Decision**

(If you disagree with the intake decision, you have 5 days from date of receipt to send an appeal of the intake decision to the Regional Ombudsman by submitting this grievance for further review.)

**Regional Review of Intake Decision:** The Regional Ombudsman's decision is final

<input type="checkbox"/>	The intake decision is being upheld in accordance with Operating Procedure 866.1, <i>Offender Grievance Procedure</i> .
<input type="checkbox"/>	The intake decision is being overturned and the grievance is being returned to the Facility Unit Head for response.
<input type="checkbox"/>	The intake decision is being returned to you because the 5-day time limit for review has been exceeded.

Regional Ombudsman Signature

Date

**Withdrawal of Grievance:**

I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I receive a response to this grievance. I understand that I may resubmit this same issue once and only once on a new *Regular Grievance* as long as the original 30-day time limit has not expired.

Offender Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_

Date: \_\_\_\_\_





(e)

## Offender Grievance Response - Level I

DOC Location: WRSP Wallens Ridge State Prison

Report generated by Ravizee, B J

Report run on 12/16/2021 at 09:50 AM

Offender Name: Shouse, Jacob A

DOC#: 1101441

Current Location: Wallens Ridge State Prison

Housing: C-5-510-B

Filed: Wallens Ridge State Prison

Grievance Number: WRSP-21-REG-00377

Finding: Unfounded

Finding Reason:

### LEVEL I: WARDEN/SUPERINTENDENT'S RESPONSE (To be completed and mailed within 30 calendar days)

**Grievance Summary:** In your grievance, you state (Privileges by Security Level) SL5 facilities, General Population are to receive 7 hours minimum of out-of-cell activities (i.e. pod rec., outside rec, meals, etc.). WRSP only allows on average 3 ½ hours out of cell time. Typically, 1 to 1 ½ hours before 12 pm count, 30 min to 1 hour after 12 pm count, with 1 hour outside rec. Rec never continues after 3:30 pm. You have severe mental illnesses; have spent over a decade in solitary long-term segregation. This is detrimental for you to spend 20 plus hrs. out of 24 hrs. per day locked in your cell. You state this is cruel and unusual punishment. RHU inmates must receive a minimum of 4 hrs. out-of-cell time.

As a result of this grievance, you would like (the following action taken) redress.

**Results of the Informal Process:** Unit Mgr. Santos responded to WRSP-21-INF-02382 stating, "Recreation will be pulled by institutional needs, in regards to safety and security of both Staff and Inmates. Modifications have been made as a necessity to fit the daily operations as we respond to the pandemic protocols set forth by the Department of Corrections."

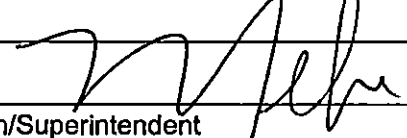
An investigation into your complaint indicates: Offender Recreation - which states it will be the goal to provide offenders with the opportunity to improve attitudes and morale as well as physical and mental health through recreational activities while maintaining security and order at Wallens Ridge State Prison. Mr. Santos reported that sometimes there are circumstances that are beyond our control (pandemic protocols set forth by the Department of Corrections) recreation may have to be cancelled. Every effort is made to see that recreation is completed. If you have a concern regarding your mental state, you may submit a Request for Services Form to speak with mental health staff.

**Procedure:** Operating Procedure 801.4, Privileges by Security Level governs this issue.

In accordance with the above information, this grievance is considered **UNFOUNDED**, as procedures were properly applied. No further action appears to be necessary at this time.

If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to:

Regional Admin. 3313 Plantation Road NE, Roanoke, VA 24012

	12/20/2021
Warden/Superintendent	Date

I wish to appeal the Level I response because: My grievance is not that recreation is being cancelled  
nor certain uncontrollable circumstances, etc. My grievance is that at all times,  
now and "before COVID-19", as WRSP "Recreation", GP inmates do not even get more than  
3 ½ hrs out of cell activities per day. Not "Sometimes" - Always, routinely. This is A  
VADOC policy violation that the Regional and Central offices IGNORE. This is a violation  
to any "goal" to provide any improvement in attitudes, morale, physical/mental health.  
And there is no adequate Mkt treatment at WRSP commensurate to trauma  
from severe isolation

	12-23-21
Offender Signature	Date



# COMMONWEALTH OF VIRGINIA

## Department of Corrections

Division of Field Operations  
Western Regional Office

Gregory L. Holloway  
Regional Operations Chief

3313 Plantation Road, N.E.  
Roanoke, Virginia 24012  
(540) 561-7050

### MEMORANDUM

DATE: January 10, 2022

TO: Jacob A Shouse #1101441  
Wallens Ridge State Prison

FROM: K. Paderick, MS  
Regional Ombudsman

RE: Grievance WRSP-21-REG-00377

### MATERIAL IS BEING RETURNED:

- ☐ The subject matter of this correspondence may be grieved, if you are within the 30-day time limit as specified in Division Operating Procedure 866, 'Inmate Grievance Procedure'.
- ☐ Submit your grievance as instructed on the reverse side of the regular grievance form.
- ☐ There is no appeal of an emergency grievance. File this matter through the regular grievance procedure if you are within the 30 day time limit as specified in DOP 866.
- ☐ When appealing the Level I decision, send the original grievance form with the Level I response and your reasons for appeal, along with any original informal materials and supporting documents. Resubmit your appeal package to this office within 5 calendar days. The time limits will begin on the receipt of your grievance.
- ☐ You are instructed not to use vulgar, insolent, or threatening language in grievance appeals. Remove/strike out the highlighted language and return the appeal package within 5 calendar days of receipt. Time limits begin the date the package is returned.
- ☐ You have been limited by the Warden/Superintendent.
- ☒ Your appeal exceeded the 5 calendar day time limit. No further response will be provided.

### MATERIAL IS BEING FORWARDED (time limit begins upon receipt at Richmond office) :

- ☐ Grievances regarding actions/decisions of the Central Classification Services Unit are responded to by the Chief of Operations, P. O. Box 26963, Richmond, Virginia 23261.
- ☐ Grievances regarding Health Services procedures, and medical/dental/mental health care are responded to by the Director, Office of Health Services, P.O. Box 26963, Richmond, Virginia 23261.

OTHER: Signed at Level I on 12.20.2021; inmate signed appeal on 12.23.2021; received at WRO on 1.10.2021. Exceeds timeframe allotted by procedure; therefore the issue/grievance is expired. KP

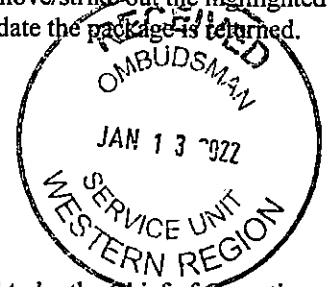


Exhibit 19(a)



Virginia Department of Corrections

# Grievance Receipt Report


VACORIS C - #.0

DOC Location: WRSP Wallens Ridge State Prison

Report generated by VanHuss, A

Report run on 02/02/2022 at 07:21 AM

Grievance Number: WRSP-22-INF-00354Next Action Date: 2/16/2022 12:00:00 AM

On this date:	02/01/2022	I have received a statement from:
Shouse, Jacob A	1101441	Wallens Ridge State Prison
	of	C-5-510-B
(Offender Name and DOC#)		(Filed Location and Housing)
Setting out the following complaint:		
<p>C510 Inmate states on 1/27/22 while meeting with Regional Haley Shepard and Psych Assoc. Laura Summers, Ms. Shepard treated me with unethical and unprofessional conduct, disdain and malice. She stated while questioning my mental health as invalid concerns and nothing more than manipulation: "if you are so suicidal, then why have you not been successful in killing yourself?" She attempted to undermine the serious and fragile nature of my mental health and past suicidality. I feel offended, undermined and totally denied any chance at adequate and constitutional mental health services.</p>		
		
(Signature)		

Officer Initials: \_\_\_\_\_



VIRGINIA  
DEPARTMENT OF CORRECTIONS

Written Complaint 866\_F3\_10-20

## Written Complaint

## Instructions for filing:

- You should first use the verbal complaint process and discuss your issue with staff before submitting this *Written Complaint*.
- You must explain your issue in the space provided below, preferably in ink.
- You must fill your *Written Complaint* form out completely and correctly.
- Your *Written Complaint* must be received within 15 days of the original incident or discovery of the incident.
- You are limited to only one issue per *Written Complaint*.
- You may file a *Regular Grievance* if you do not receive a response within 15 days.
- You are not required to submit a *Written Complaint* for alleged incidents of sexual abuse and sexual harassment or when the informal complaint process is satisfied by other documentation.

RECEIVED GRIEVANCE DEPT.  
FEB 01 2022

WALLENS RIDGE STATE PRISON

Shaw, J  
Offender Name

110144  
Offender Number

C-510 D-507  
Housing Assignment

Individuals Involved in Incident

Date/ Time of Incident

TO: WARDEN

(You must address your issue to institutional staff or an institutional department)

In the space provided explain your issue (be specific): "Harassment" (1 issue)

ON 1-27-22 while working with Regional Haley Shepard and Psych Assoc. Laura Summers, Ms. Shepard harassed, antagonized, discriminated and accused me of past sexual harassment for incidents in 2014 @ KMC and 2020 @ GRCC that were investigated by Victor Sill and concluded as unsubstantiated and unfounded. She intimidated that I am a predator, manipulator and a direct cause for "female staff losing their jobs" she stated. This is false and libel. Both women assigned on their own accord, not by insistence of Victor or any other of administration. This is unethical and unprofessional slander of my name.

Offender Signature: [Signature]

Date: 1-27-22

Offenders - Do Not Write Below This Line

Date Received: 02-01-2022 Response Due: 02-16-2022 Log Number: WRSP-22-INF-00353

Assigned to: Mental Health

## Action Taken/Response:

Your complaint regarding "harassment" by regional employer H. Shepard was reviewed and documentation reviewed accordingly. There was no indication that you were "harassed", "antagonized", or "discriminated" against or referred to as a "predator" or "manipulator" as cited in your complaint. The contact was appropriately professional and in line with all staff practices. Thank you.

[Signature]  
Respondent Signature

M. Meyer, PhD, LCP  
Printed Name and Title

02/13/2022  
Date

## Withdrawal of Complaint:

I wish to voluntarily withdraw this complaint. I understand that by withdrawing this written complaint, there will be no further action on this issue nor will I receive a response to this complaint. I understand that I may resubmit this same issue once and only once on a new *Written Complaint* as long as the original 30-day time limit has not expired.

Offender Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_

Date: \_\_\_\_\_



EXHIBIT 19 (C)



VIRGINIA  
DEPARTMENT OF CORRECTIONS

Written Complaint 866 F3 10-20

## Written Complaint

## Instructions for filing:

- You should first use the verbal complaint process and discuss your issue with staff before submitting this *Written Complaint*.
- You must explain your issue in the space provided below, preferably in ink.
- You must fill your *Written Complaint* form out completely and correctly.
- Your *Written Complaint* must be received within 15 days of the original incident or discovery of the incident.
- You are limited to only one issue per *Written Complaint*.
- You may file a *Regular Grievance* if you do not receive a response within 15 days.
- You are not required to submit a *Written Complaint* for alleged incidents of sexual abuse and sexual harassment or when the informal complaint process is satisfied by other documentation.

Offender Name: Shouse, J. Offender Number: 1161141 Housing Assignment: C-510  
Individuals Involved in Incident: \_\_\_\_\_ Date/Time of Incident: \_\_\_\_\_

TO: WARDEN

(You must address your issue to institutional staff or an institutional department)

In the space provided explain your issue (be specific): (Issue # 4) false allegation, targeting, discrimination

On 1-27-22 I was having a conversation with my supervisor and my supervisor. I was discriminated against and accused of manipulating my female counselor. This is false. A letter I wrote (in duplicate) to my supervisor, my wife, and my counselor and this manager. On 1-24-22 I attempted to discuss my concerns of my mental health and frustrations with services provided by WSP, Psych Dept, etc with my wife and counselor, but they said they have been busy and cannot pull me out. I asked if I could write my counselor and they make a copy and send it. They said yes. Supervisor Mr. Shepard obtained a copy she stated I am now only to have a male counselor because I am "A manipulator".

Offender Signature: [Signature] Date: 1-27-22  
Offenders - Do Not Write Below This Line

Date Received: 02-01-22 Response Due: 02-11-22 Log Number: WRSR22 INF-01856Assigned to: M. Meyer, Ad, 114

## Action Taken/Response:

Your complaint regarding "false allegation, targeting, discrimination" by regional employee Mr. Shepard was reviewed and documentation reviewed accordingly. There was no indication that you were "accused of manipulating a female counselor" by Mr. Shepard and Mr. Shepard does not assign counselors for inmates. The contact appeared appropriate, professional and in line with staff's best practices. Counselor assignment should be discussed with institutional staff.

Respondent Signature: [Signature] Printed Name and Title: M. Meyer, Ad, 114 Date: 02/13/2022

## Withdrawal of Complaint:

I wish to voluntarily withdraw this complaint. I understand that by withdrawing this written complaint, there will be no further action on this issue nor will I receive a response to this complaint. I understand that I may resubmit this same issue once and only once on a new *Written Complaint* as long as the original 30-day time limit has not expired.

Offender Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_

Date: \_\_\_\_\_



VIRGINIA DEPARTMENT OF CORRECTIONS

Revision Date: 10/30/20

CC: Rights Denied Date: 1/27/22, 1/28/22, 1/29/22, 1/30/22, 1/31/22, 2/1/22, 2/2/22, 2/3/22, 2/4/22, 2/5/22, 2/6/22, 2/7/22, 2/8/22, 2/9/22, 2/10/22, 2/11/22, 2/12/22, 2/13/22, 2/14/22, 2/15/22, 2/16/22, 2/17/22, 2/18/22, 2/19/22, 2/20/22, 2/21/22, 2/22/22, 2/23/22, 2/24/22, 2/25/22, 2/26/22, 2/27/22, 2/28/22, 2/29/22, 2/30/22, 3/1/22, 3/2/22, 3/3/22, 3/4/22, 3/5/22, 3/6/22, 3/7/22, 3/8/22, 3/9/22, 3/10/22, 3/11/22, 3/12/22, 3/13/22, 3/14/22, 3/15/22, 3/16/22, 3/17/22, 3/18/22, 3/19/22, 3/20/22, 3/21/22, 3/22/22, 3/23/22, 3/24/22, 3/25/22, 3/26/22, 3/27/22, 3/28/22, 3/29/22, 3/30/22, 3/31/22, 4/1/22, 4/2/22, 4/3/22, 4/4/22, 4/5/22, 4/6/22, 4/7/22, 4/8/22, 4/9/22, 4/10/22, 4/11/22, 4/12/22, 4/13/22, 4/14/22, 4/15/22, 4/16/22, 4/17/22, 4/18/22, 4/19/22, 4/20/22, 4/21/22, 4/22/22, 4/23/22, 4/24/22, 4/25/22, 4/26/22, 4/27/22, 4/28/22, 4/29/22, 4/30/22, 5/1/22, 5/2/22, 5/3/22, 5/4/22, 5/5/22, 5/6/22, 5/7/22, 5/8/22, 5/9/22, 5/10/22, 5/11/22, 5/12/22, 5/13/22, 5/14/22, 5/15/22, 5/16/22, 5/17/22, 5/18/22, 5/19/22, 5/20/22, 5/21/22, 5/22/22, 5/23/22, 5/24/22, 5/25/22, 5/26/22, 5/27/22, 5/28/22, 5/29/22, 5/30/22, 5/31/22, 6/1/22, 6/2/22, 6/3/22, 6/4/22, 6/5/22, 6/6/22, 6/7/22, 6/8/22, 6/9/22, 6/10/22, 6/11/22, 6/12/22, 6/13/22, 6/14/22, 6/15/22, 6/16/22, 6/17/22, 6/18/22, 6/19/22, 6/20/22, 6/21/22, 6/22/22, 6/23/22, 6/24/22, 6/25/22, 6/26/22, 6/27/22, 6/28/22, 6/29/22, 6/30/22, 7/1/22, 7/2/22, 7/3/22, 7/4/22, 7/5/22, 7/6/22, 7/7/22, 7/8/22, 7/9/22, 7/10/22, 7/11/22, 7/12/22, 7/13/22, 7/14/22, 7/15/22, 7/16/22, 7/17/22, 7/18/22, 7/19/22, 7/20/22, 7/21/22, 7/22/22, 7/23/22, 7/24/22, 7/25/22, 7/26/22, 7/27/22, 7/28/22, 7/29/22, 7/30/22, 7/31/22, 8/1/22, 8/2/22, 8/3/22, 8/4/22, 8/5/22, 8/6/22, 8/7/22, 8/8/22, 8/9/22, 8/10/22, 8/11/22, 8/12/22, 8/13/22, 8/14/22, 8/15/22, 8/16/22, 8/17/22, 8/18/22, 8/19/22, 8/20/22, 8/21/22, 8/22/22, 8/23/22, 8/24/22, 8/25/22, 8/26/22, 8/27/22, 8/28/22, 8/29/22, 8/30/22, 8/31/22, 9/1/22, 9/2/22, 9/3/22, 9/4/22, 9/5/22, 9/6/22, 9/7/22, 9/8/22, 9/9/22, 9/10/22, 9/11/22, 9/12/22, 9/13/22, 9/14/22, 9/15/22, 9/16/22, 9/17/22, 9/18/22, 9/19/22, 9/20/22, 9/21/22, 9/22/22, 9/23/22, 9/24/22, 9/25/22, 9/26/22, 9/27/22, 9/28/22, 9/29/22, 9/30/22, 10/1/22, 10/2/22, 10/3/22, 10/4/22, 10/5/22, 10/6/22, 10/7/22, 10/8/22, 10/9/22, 10/10/22, 10/11/22, 10/12/22, 10/13/22, 10/14/22, 10/15/22, 10/16/22, 10/17/22, 10/18/22, 10/19/22, 10/20/22, 10/21/22, 10/22/22, 10/23/22, 10/24/22, 10/25/22, 10/26/22, 10/27/22, 10/28/22, 10/29/22, 10/30/22, 10/31/22, 11/1/22, 11/2/22, 11/3/22, 11/4/22, 11/5/22, 11/6/22, 11/7/22, 11/8/22, 11/9/22, 11/10/22, 11/11/22, 11/12/22, 11/13/22, 11/14/22, 11/15/22, 11/16/22, 11/17/22, 11/18/22, 11/19/22, 11/20/22, 11/21/22, 11/22/22, 11/23/22, 11/24/22, 11/25/22, 11/26/22, 11/27/22, 11/28/22, 11/29/22, 11/30/22, 12/1/22, 12/2/22, 12/3/22, 12/4/22, 12/5/22, 12/6/22, 12/7/22, 12/8/22, 12/9/22, 12/10/22, 12/11/22, 12/12/22, 12/13/22, 12/14/22, 12/15/22, 12/16/22, 12/17/22, 12/18/22, 12/19/22, 12/20/22, 12/21/22, 12/22/22, 12/23/22, 12/24/22, 12/25/22, 12/26/22, 12/27/22, 12/28/22, 12/29/22, 12/30/22, 12/31/22



EXHIBIT 19(d)

VIRGINIA  
DEPARTMENT OF CORRECTIONS

Written Complaint 866 F3 10-20

## Written Complaint

## Instructions for filing:

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- You are limited to only one issue per *Written Complaint*.
- You may file a *Regular Grievance* if you do not receive a response within 15 days.
- You are not required to submit a *Written Complaint* for alleged incidents of sexual abuse and sexual harassment or when the informal complaint process is satisfied by other documentation.

Offender Name: Shouse, Jacob Offender Number: 1101441 Housing Assignment: C-510  
 Individuals Involved in Incident: \_\_\_\_\_ Date/ Time of Incident: \_\_\_\_\_

TO: WARDEN

(You must address your issue to institutional staff or an institutional department)

In the space provided explain your issue (be specific): Divide of MH services and blatant disregard  
(Issue #2)

On 1-27-22 while meeting with Regional Help Shepherd and Psych. Assoc. Leanne Summers  
 Mr. Shepherd treated me with ~~disrespect~~ institutional and unprofessional conduct,  
 disrespect and malice. She stated while questioning my mental health as suicidal  
 concerns and ~~withholding~~ manipulation "If you are so suicidal, then  
 why didn't you and have successful in killing yourself". She attempted to undermine  
 the values and feelings of my mental health and past recidivism. I feel offended,  
 undervalued and totally denied my rights of adequate and constitutional mental health services.

Offender Signature: [Signature]Date: 1-27-22

Offenders - Do Not Write Below This Line

Date Received: 02-01-2022Response Due: 02-11-2022Log Number: 6-RSP-22-10F 00354Assigned to: 11: Warden H. [Signature]

## Action Taken/Response:

Your complaint regarding "MH services... blatant disregard" by regional employee  
 H. Shepherd was reviewed and documentation reviewed accordingly. There  
 was no indication that you were treated unprofessionally and to correct  
 appropriately discussed your MH and "suicidal" history. The contact and  
 questions appeared appropriately professional and in line with MH care practices.  
 Thank you.

Respondent Signature: [Signature]Printed Name and Title: M. Meyer, PhD, LSPDate: 02/12/2022

## Withdrawal of Complaint:

I wish to voluntarily withdraw this complaint. I understand that by withdrawing this written complaint, there will be no further action  
 on this issue nor will I receive a response to this complaint. I understand that I may resubmit this same issue once and only once on a  
 new *Written Complaint* as long as the original 30-day time limit has not expired.

Offender Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_

Date: \_\_\_\_\_



VIRGINIA DEPARTMENT OF CORRECTIONS

Revision Date: 10/30/20

VIRGINIA  
DEPARTMENT OF CORRECTIONS

Written Complaint 866 T3 10-20

## Written Complaint

## Instructions for filing:

- You should first use the verbal complaint process and discuss your issue with staff before submitting this *Written Complaint*.
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- Your *Written Complaint* must be received within 15 days of the original incident or discovery of the incident.
- You are limited to only one issue per *Written Complaint*.
- You may file a *Regular Grievance* if you do not receive a response within 15 days.
- You are not required to submit a *Written Complaint* for alleged incidents of sexual abuse and sexual harassment or when the informal complaint process is satisfied by other documentation.

Shawse, Jacob

1101441

C-510

Offender Name

Offender Number

Housing Assignment

Individuals Involved in Incident

Date/ Time of Incident

TO: WARDEN

(You must address your issue to institutional staff or an institutional department)

In the space provided explain your issue (be specific): (Issue 3) Prejudicial treatment + abuse

On 1-27-22 I was met by Psychology Associate Laura Summers and Regional Health Supervisor C-5 and officer, at which time Mr. Shepard offended me by calling me "stupid" in reference to how I reacted to the "manic" situation (inmate), in my (inmate), human (inmate) and prison (inmate) by removing the "manic" features. Explaining it with a "manic" situation, I was to express my political views of the next support. She was reading from a letter I'd written that contained a copy of. She continued to read the my political beliefs with prejudice by stating "we don't need you to stand up for us" etc. There was no support, and I was not allowed to express my views.

Offender Signature: [Signature]

Date: 1-27-22

Offenders - Do Not Write Below This Line

Date Received: 02-01-2022

Response Due: 02-15-2022

Log Number: 1101441-22-101 010355

Assigned to: M. T. H. Smith

## Action Taken/Response:

Your complaint regarding "prejudicial treatment and abuse" by regional employee H. Shepard was reviewed and documentation reviewed accordingly. There was no indication that you were called "stupid." Your written and spoken word choices were discussed appropriately and you appeared to answer no queries appropriately. The contact and questions were appropriately professional and in line with staff and policies. Thank you.

Respondent Signature: [Signature]

Printed Name and Title: M. T. H. Smith

Date: 02/13/2022

## Withdrawal of Complaint:

I wish to voluntarily withdraw this complaint. I understand that by withdrawing this written complaint, there will be no further action on this issue nor will I receive a response to this complaint. I understand that I may resubmit this same issue once and only once on a new *Written Complaint* as long as the original 30-day time limit has not expired.

Offender Signature:

Date:

Staff Witness:

Date:



VIRGINIA DEPARTMENT OF CORRECTIONS

Revision Date: 10/30/20

EXHIBIT 20(a)



## COMMONWEALTH of VIRGINIA

HAROLD W. CLARKE  
DIRECTOR

Department of Corrections

P. O. BOX 26963  
RICHMOND, VIRGINIA 23261  
(804) 674-3000

July 11, 2016

Mr. Jacob Shouse  
#1101441  
Sussex I State Prison  
24414 Musselwhite Drive  
Waverly, Virginia 23891

Dear Mr. Shouse,

I received your letter dated 7/4/16 and I am indeed still at same post I have been for many years. I am pleased to read of your progress and steps forward in positive direction. As I have said in the past, I will not force any mental health unit to accept you. However, I will discuss your case with them and ask them to consider your request. The absolutely only reason that I would even consider this, is based on your word of doing well and your commitment to continue that progress. ... NOT BECAUSE I NEED IT/TREATMENT

If the mental health staff at Sussex agree to refer you to a mental health unit AND the mental health unit director accepts you, I would expect that your behavior there will be extraordinarily positive. I will leave your security level in place and the institution can address at your next annual review as they deem appropriate. I can see that you have incurred some charges despite a fairly glowing self-report of your adjustment of late. I would not expect the mental health unit to tolerate any charges from you at all. If you are afforded this opportunity you can really make the most of it. If you squander it and come back to me afterwards with a laundry list of excuses and rationalizations, I will be hard pressed to believe that you are serious about your goals. WMM

As I have told you, your future is in your hands. We will respond to you as you act. In the end, it all impacts Jacob Shouse, not the VADOC, not me, not the staff you would be working with. So making the right decisions is critical for you. OR YOU DON'T GET HELP

I will discuss your request and if possible will give you this opportunity to grow more. I hope you understand I am true to my word and expect the same from you. Please be patient while we address this request and certainly stay focused on your positive goals! again, NOT CARE

Thank you.



# COMMONWEALTH of VIRGINIA

GENE M. JOHNSON  
DIRECTOR

Department of Corrections

P. O. BOX 2696  
RICHMOND, VIRGINIA 2326  
(804) 674-300

June 30, 2009

Mr. Jacob Shouse  
#327092  
Red Onion State Prison  
10800 H. Jack Rose Highway  
P. O. Box 970  
Pound, VA 24279

Dear Mr. Shouse,

I received your letter dated June 1, 2009. I apologize for the delay in responding. As I indicated in my last response, the warden (both at sending and receiving institution) have a lot to say about who is coming or going from their institutions. My position does dictate MHU admissions, however, it only does so with consent/cooperation of the warden's or their regional directors. In most cases, the warden does not intervene and I maintain sole authority. However, in some cases, a warden can object and make a case to over-ride my decision by appealing to his supervisors or my supervisors. In summary, I have the authority to assign to MHU's but the warden(s) can challenge that if he/she chooses to do so.

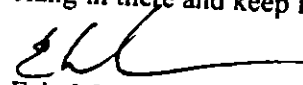
*and you won't challenge them*

I would expect that you want to move forward and away from ROSP. Your future is in your hands. We will respond to you. If you are referred and not accepted to a MHU, I am hopeful that you can impress upon the administration to consider some interim review or consideration for transfer. If you continue to do well and MH staff at ROSP agree, I may advocate for such a transition. Unlike the MHU transfer, the warden and administration have clear authority in this regard.

Your best option at this point is to continue to stay focused on your goals and maintain charge free, self injurious threats/behaviors free, etc.

*OR NO TREATMENT*

Hang in there and keep in touch.

  
Eric Madsen  
Classification Services  
Virginia Department of Corrections

Warden Davis,

In light of recent events of prosecutory targeting by your Administration... I have decided that it will be in my best interest to systematically release my VADOC medical and mental health record in its entirety, including the disclosure of my records of emergency services for (literally) 124 emergency room admissions to 26 different hospitals for a variety of life-threatening injuries (documented as suicide attempts by hospital and community and their Department of Behavioral Health and Developmental Services)... Via third party, records uploaded and transmitted online to each and every political and mental health human rights watchdog group, organization, foundation, coalition, reform, advocate, activist, lobbyist, legal expert, collegiate legal aid, justice center, campaign and project...; these will also be propagated, shared and readily accessible via podcast, Facebook, YouTube, Twitter, Instagram post, personal and official email, even audio/video and any other social media outlet or telecommunications network devices. This will be done in a collective effort to strategically and methodically ~~expose~~ expose → excoriate → and ultimately indict this administration and previous ones specifically aimed at WRSP/ROSP and the systemically hostile, racist, assaultive and oppressively barbaric climate and antagonistically malicious culture...! Painting a vivid and graphically detailed picture of a genuine philosophy of an autocratic and repressive management style to its human inhabitants as the routine practice beyond reproach. So as



the causality is A visceral response from the public opinion, inflamed from the heart of injustice in A time ripe for moral shock and social consciousness and political address and change within our justice system and its Razzdare plantations of modern day slavery and exploitation and profit! Demonstrating just how well my publically and judicially appointed, legally responsible custodians take such "great care" with "human" intent to their demographic-specific mentally ill population of human beings through the lens of "healing environment" within the scope of "evidence based practices" second only to adequate mental health services, ...! Especially, to one like myself, devoid of any aggressive and/or violently dangerous history towards staff or others, nope - just one who's legally blind with A gut full of metallic foreign bodies with A precariously high propensity to perforate suddenly, from nowhere, or any slight trauma to his abdomen; that is, of course, if you champion the professional discern of medical expertise and prognosis by just, no one, but the most renowned trauma centers and teaching colleges this side of the Mississippi. Additionally, in the event that your conscience isn't morally stirred and nauseous, I am attaching A fun read of A detailed account of your CHAP and Chief of Security's boasted influence and deliberately indifferent interference in mental health services and levels of confidentiality and crisis intervention; alas, expounding on the antagonistic contradictions to prosocial



habits conducive to the interrelationships between staff and prisoner interactions and morale perturbed today by Mr. King, Mr. Ely, Lt. Hughes, Sgt. Collins and psych. assoc. Laura Summers and Ashley Cope (such professional tenets they so passionately uphold) that was more than pleasantly [illogical] and thought-provokingly [counterintuitive] to my mental and physical safety, health and overall wellbeing, inasmuch as their incessant threats, harassment and provocation for me to commit suicide and such one-sided, overwhelming reprisal for possessing clinically-indicated and more than well-documented "at risk" mental health services needs - (that I, for some abjectly incomprehensible reason, accusingly manipulated for an unknown, alienable, artificial secondary gain vis-à-vis death) - therefore, subjectively and personally creating an affront to my mental deterioration and further detriment exacerbating my mental and physical health... affecting my reality and fate...! AS I will narrate and author my descriptively tragic (depending on who you ask) account of my systemic, psychosomatic reactionary, yet still, revolutionary suicide as the posthumous plea for a much needed paradigm shift of attention → reaction → and [responsive] action to the unnecessary and wanton infliction of pain, abuse, malfeasance and mental fatigue and decompensated regression and disintegration/dissociation from emotional attachments and hopeful endeavors as the systemic cancer specific to us with mental illness and

symptomatic behavior not tolerated (much less treated) in Virginia's Supermax prisons and speciously disguised (SDTP) "treatment" programs in effort and effect to profitably fraud public taxpayers and lawmakers opinions of "SHUs".

Let's not forget the struggle of the brave that have spoke out as the new vanguard of grassroots leaders, heroes and fallen comrades.

In life and death and journey:  
SOLIDARITY,

- The fallen

Jacob Shouse

April 2021

Jacob Shouse, #1101441

WRSP, P.O. Box 759

Big Stone Gap, Va. 24219